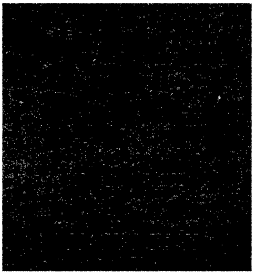

THE WAR AND MENTAL HEALTH IN ENGLAND

LONDON
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JAMES M. MACKINTOSH, M.D.

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Part One

THE IMPACT OF WAR

INTRODUCTORY

THESE SHORT ESSAYS ARE mainly concerned with mental health in England during the successive phases of the second world war. They are lantern slides in a rough time-sequence, not continuous records.

In the period between the great trade depression and the present war, England was regarded by her enemies as a fen of stagnant waters. She was abused and flouted, and her only answer was to lift the gentle finger of appeasement. Since the outbreak of war the majority of English people have fallen into a habit of self-reproach for their past weakness; they stand condemned as lazy and selfish, when they ought to have been alert and ready to meet force with force. From the first moment of Japanese encroachment on world peace, it is argued, the democratic countries should have seen the red light; and every subsequent event in Italy, Germany, and China ought to have convinced any sane person that war was inevitable and that the race was to the swift and the battle to the strong. We were blind to these growing dangers because we did not want to see them; we retired into a world of illu-

sion because we were afraid of reality. The nation pleads guilty at the bar of history.

It is easy to say that as a people we were badly led and insufficiently warned of the dangers in the world situation. We may, if we choose, spend much breath in condemning our prewar governments and in praising our few Cassandras. But at the same time we ought to ask what chance any government would have had (say in 1935) of persuading the people to spend millions of pounds on warlike preparations.

The enemies of democracy firmly believed that we were decadent. They misread us completely. The truth is that the essential idealism of the democratic peoples was so great that they could not comprehend the evil. They did not believe that Hitler could be so foul a monster as to mean what he said. No doubt this was very foolish, but was there not an element of grace in it? Our aversion from wickedness brought us near to destruction, but will the records of man take no account of our aspirations, our overwhelming desire for peace and social betterment? The worst indictment against us is that we lacked moral courage and stood weakly aside while defenseless people were persecuted. I doubt if there is any answer to that charge, except that the last war did not teach us the bitter lesson that international good conduct must be maintained by force—at least until right is ready. It may be, as Horace said, that vengeance—even though he be lame—seldom fails to overtake the guilty,* but after this war the democracies will be disinclined to make a further experiment.

It is remarkable that the British experience was repeated two years later in the United States. Up to the very hour of Pearl Harbor the great majority of Americans simply could not believe that such treachery was possible. The main ele-

* *Raro antecedentem scelestum*
Deseruit pede Poena claudo.—Horace, Odes III, 2.

ment of that disbelief was not pride of greatness but innocence of heart. When the disaster fell upon them, they were at first more bewildered than angry. The prevailing feeling was disillusionment, and genuine distress on finding that they were victims of evil men.

THE PROCESS OF ADJUSTMENT, 1939–1940

IN BROAD OUTLINE THE STORY of mental health in wartime is simple: the immediate threat of war creates a profound sense of frustration in sensitive minds, especially among those who have striven for some of the social ends that only peace can secure. The actual event has a bracing effect on the people, partly because of patriotic sentiments and partly on account of increased mental tension—like the coiling of a spring. Up to a point the American and British people react to disaster with courage and resilience—and no catastrophe has yet occurred severe enough to test the breaking point. This favorable reaction, however, serves to increase the mental tension, and the slackening which follows good news from the war fronts is often wrongly diagnosed as complacency. It is in reality a perfectly natural counteraction to a strain that has become unbearable. No people could survive a long war with mental balance unimpaired unless mental tension were allowed to

slacken from time to time. But there is a profound difference between tension and prolonged strain; the latter has a permanently weakening effect, and one may expect to find that a long war will give rise to mental disorders in which adjustment is hard to secure. The experience of the last war indicates that, so long as the war lasts, many people maintain balance without great difficulty; but when the strain is over, a multitude of overworked minds break down. The onset of functional nervous disorders can in many cases be prevented, if there is a real understanding of the problem in the community.

From the point of view of mental health the position immediately before the outbreak of the present war was ominous. The long period of unemployment which followed the industrial crisis of 1931 had diminished self-confidence, and depression affected the mind as well as the job. The efforts made to combat unemployment were not calculated to restore confidence, but rather to increase the sense of frustration. The rise of Nazi power in Germany from 1933 onwards added to this burden by producing a vague, increasing anxiety until not a few people in England began to feel that the great democracies were really decadent. Prewar Government policy did little to improve physique and nothing to uplift the mind. This was the condition of a people on whom the Munich threat fell with a sickening blow, and it is little wonder that they reacted almost hysterically with relief when the crisis passed.

Unfortunately the interval between Munich and the outbreak of war in September 1939 was not used for catharsis. Many people failed to understand that the Nazi tiger was being held back *pour mieux sauter,* and hoped against plain evidence for a miracle of peace. Nevertheless the interval between Munich and the war was not wholly wasted: the public mind slowly became inured to preparatory work, and

doubt replaced incredulity. Thanks to the efforts of pioneers, plans were made for civil defense and an elaborate scheme was prepared for scattering children and expectant mothers in the event of air attack. The morale of the community was better in 1939 than in 1938, and the relatively quiet opening phase on the Western Front still further raised public confidence.

The nervous and mental reactions to the outbreak of war may be considered under several headings:

The New Soldier

The immediate introduction of compulsory military service had many advantages and, had it been possible to make use of skilled psychiatric advice in recruitment, much unnecessary wastage could have been avoided by the relegation of Army misfits to other useful occupations. As it was, considerable numbers of unsuitable men were drafted into the Army, and these rapidly became "mental" casualties. Relatively few of them presented frank symptoms of mental disturbance, but the number of cases of gastric and duodenal ulcer rose to an alarming extent, and many other types of psychosomatic upset crowded the records of medical discharge boards. Rheumatism and dyspepsia headed a long list of symptoms that represented a failure of the man to adjust himself to war service. In the course of time greater attention was directed to the mental aspect of recruitment, and enormous advances have been made in the selection of the officer class.

A brilliant summary of the methods evolved in the British Army in the present war has been given by the Consulting Psychiatrist.* From this it is clear that the chapter of war his-

* Brigadier J. R. Rees, M.D. (British Medical Journal, January 2, 1943).

tory dealing with psychiatry will be one of the most stimulating and fascinating of the whole medical section.

In the early days of war, many recruits for the Army were quickly rejected on account of mental defect or disorder, who might have found useful and fitting occupations within the Army, if there had existed a well-organized system of job selection and arrangements for limited service. As time went on, a service of this kind was gradually built up, and now all men are taken into a General Service Corps in the first instance. There, along with their basic training they are submitted to intelligence and aptitude tests, interviewed by specially trained officers, and posted to duties for which they are best fitted. "The accomplishment of this work," Rees says, "produced a revolutionary change in the Army's utilization of man-power and has set a standard which will certainly be applied in industry and in social life in the post-war world."

A similar technique has now been applied to the selection of officers, and Rees describes how a team reminiscent of a child guidance clinic studies the candidates at their preliminary training depot for two days, and then reports to the selection board. This procedure is steadily winning favor, and is indeed valuable not only for choosing officers in general but also for picking out men with the right qualities for highly specialized work.

Although the most exciting work of the Army psychiatrists has been in devising scientific methods of selection, the clinical aspects have not been neglected. Hospital and outpatient treatment has been organized, and skilled follow-up into civilian life of those who have been discharged is being developed in cooperation with the Ministry of Labour and National Service. The personnel-selection work instituted by the Army is a demonstration of the utmost importance to those who will be charged with the urgent duties of placement in industry when the war is over.

The most instant impact of war upon the worker came through the blackout. Everyone expected that the enemy would open the campaign with widespread, devastating air raids, and the whole country was plunged into darkness. In the early days of the war the worker's difficulties were increased by severe police restrictions on automobile, train, and street lighting; and those who had to grope their way both to and from the factory felt the effects of war at their full intensity. It was a long time before industry was able to adjust itself to the conditions imposed; and only after some years the subject of welfare in factories began to secure the recognition it deserved. The mental health of the worker was impaired by these adverse environmental conditions even before the strain of long hours and insufficient holidays began to tell.

The change from peacetime occupation to war work was a subtle but serious threat to mental health. The cumulative effect of a variety of conditions was soon apparent: long hours (especially during the period of intense anxiety after the fall of France); increasing difficulties of transport following upon gasoline and other fuel restrictions, combined with the baneful effects of the blackout; and defects in feeding, now being gradually remedied by the establishment of works canteens. The joint result of these adverse conditions was to impose a severe mental and physical strain upon the worker, greatly intensified during the winter months by the fact that he seldom saw the light of day; he moved from his ill-ventilated dark house to work, only to return in weariness to renewed darkness and airlessness.

In recent investigations into new cases of tuberculosis it was found that the patients themselves frequently ascribed their earliest symptoms, not to overwork as such, but to

growing weariness of traveling in darkness and in crowded transport facilities. In other instances anxiety following a change from a peacetime job to unaccustomed and often more sustained war work was associated with mental and physical breakdown.

The welfare of the worker was not simply a mechanical system of regulated hours and sufficient food, although these too were hard to come by in the dark days of 1940. Some more positive action was needed to combat the depressing effects of drabness, monotony, blackout, shopping difficulties, and the serious hardships of travel. It is a melancholy fact that, while increasing provision was made for the welfare of the services, the corresponding amenities of the civilian worker lagged far behind. There was a terrible lack of appreciation of the need for color and gaiety in wartime. The increasing drabness of restaurants and works canteens could not be excused on the ground of lack of materials. A little expenditure on making these places attractive would have been amply repaid by more cheerful work and a better output.

It is true that in many areas enormous and often highly successful voluntary efforts were made to provide recreation and other interest for war workers, both in factories and in the defense services, but a wider national effort was needed. The whole question should still be reviewed in conjunction with other factory provisions such as hours of work and rest periods, canteens, and medical care. Unless we set out to win the war against mental depression, we shall lose it by default. These things should not be left to individual good will entirely, but should be related to a national minimum. Welfare provision in industry is an essential part of the mental health of the nation. Sufficient accommodation, good lighting, and attractive decorations in canteens and recreation rooms are munitions of war just as much as food.

In the early days of the war the general medical and hospital care of the worker was sadly deficient. Indeed, it was not until after the catastrophe of 1940 that he came to be regarded as a part of the nation's forces; and nearly three years had to pass before he became a commodity precious enough to require special methods of conservation.

The Housewife

In a country like Great Britain where there are such great differences of wealth and status, it is difficult to generalize about the effects of war on various groups. To take housewives as an instance: if a mother can afford to send her children to a good boarding school in a safe area she has not the same anxieties as a poorer woman who has to trust hers to an impersonal evacuation authority; or if the housewife already has well-stocked, airy store cupboards when rationing begins, the gradual increasing scarcity of luxuries does not affect her as it does the slum dweller who has neither the money nor the storage room for laying in surplus stocks. Generally speaking, however (and leaving aside the terrors of bombing and the anxieties for friends and relatives in danger), it may be said that the problems weighing most heavily on housewives were those connected with evacuation, increasing stress and overwork as domestic help was withdrawn, and the food problem before the Ministry of Food gained nation-wide control of the situation.

Evacuation. From the point of view of the housewife the wholesale evacuation at the beginning of the war had its difficulties, its problems, and its horror. The difficulties were gradually overcome; the problems were tackled through experience; but the horror called forth when people realized that some of their fellow countrymen, their women and children, did not know how to live under ordinary conditions of

human decency has left a deep and lasting impression on the women-folk at any rate and ought to spur them to action when the war is over. The following illustrations, dealing with opposite angles of the situation, are both typical of a kind of psychological strain independent of the physical difficulties of the evacuation scheme.

A cultured, sensitive woman with one very carefully brought-up little boy has billeted on her two children from the deepest slums of London. She has a middle-aged, faithful maid who has been with her for many years and who is willing to take charge of the children in her kitchen. Through what may be regarded as mistaken idealism, Mrs. X insists on bringing up the Londoners at her own table with her own son. The patience and hard work needed to smooth out all the daily irritations and the bewilderment in her own boy's mind at his mother's long-suffering with behavior that would never be tolerated from him may well be imagined. It is not surprising, either, that the respectable maid should feel outraged when the refugees defy her with taunts that she is "only a maid and lives in the kitchen." She leaves the household in deep offense and Mrs. X is left to battle with her problems alone, her only reward being the gradual improvement in the health and manners of her London charges.

The other example shows the point of view of the mother in the danger zone whose children had been sent by the evacuation authorities to a lonely part of the country, a highland glen shut in by mountains. From the point of view of safety this is all that could be desired, but the place is far away from the warmth, noise, gaiety, crowds, and busyness of city life, with its familiar smells of fried fish and chips, its cheerful friendly shops, and all the sights and sounds of home. The mother misses the children but is willing to accept the separation if it is for their happiness, but when she

receives pitiful letters about the children finding the loneliness unbearable, this is too much for her; she makes the long journey to the North to see things for herself and finds the children alone under the care of a gamekeeper's wife in an isolated cottage surrounded by dark woods. This childless woman probably means well, but her demeanor, formidable eye, and clean starched apron illustrate her ideas of homemaking. The city mother's comment to her friends is "there is everything for comfort there but no love."

Ranging between these two examples the home front suffered every kind of experience in those days, but through them all ran this strain of anxiety for the children's welfare and happiness. Nevertheless the job was faced and tackled in the majority of cases with loyalty and patience, and who can calculate how far-reaching may be the effect of this home-sharing?

Overwork. Even before the war began many mothers had undertaken the duties of air-raid wardens and other civil defense services. So long as they were permitted to keep their domestic help or their daughters continued to live at home, it was possible for them to undertake the work without undue strain; but when increasing numbers of young women were called up and all help disappeared from the homes, many women were burdened beyond their strength. At the same time excessive bombing of towns increased the tempo of civil defense; overwork, lack of sleep, the irritation of never having time to do anything properly, the state of living with divided loyalties, all combined with the serious dangers of the time to put a great strain on those wives and mothers who were running a home.

It was noticeable that during the early critical period many of them had severe attacks of illness, frequently of rheumatism. The same kind of strain was felt by young married women who were swept off to do part-time munition

work before adequate provision had been made by the authorities for day nurseries where their children could be cared for. During the months of transition while these schools were being hastily set up, mothers were working early and late and had to suffer the anxieties of makeshift arrangements for their children with relatives or friends. Most of these problems have been gradually solved, partly by the relaxation in bombing, and partly by the women themselves who have tackled the job and set about running their homes in such a way that housework and cooking have been reduced to a minimum. Unnecessary entertaining has been given up and housewives have learned to concentrate their energies on essentials: decencies of cleanliness and wise feeding, cheerful relaxation for their families, open house and a warm welcome for soldiers on leave, careful husbandry of precious clothing, and attention to the duties of salvage. Many as well have taken over some work at canteens or with the Women's Voluntary Services or at a rest center.

Food rationing. The food problem which looms so much in the housewife's existence presented no special difficulties until Britain entered on the critical period that lasted through the winter of 1940–1941 till the spring of 1942. At that time, when troops from overseas were pouring into the country, when vast camps and airfields were springing up everywhere, when small towns were flooded with evacuees, it was natural that food distribution should be very uneven—that there should be some areas where all but essentials were in short supply. This was also a period of transition when organization had not kept pace with the needs of the country, and as a result a great strain had to be borne by both the shopkeepers and the housewives. Apart from the scarcity of many foods, which no one really minded because the basic rations were secure, the "state of enmity" that developed between tradesmen and purchasers became wearing, and shop-

keepers, worn to tatters by being continually asked for foods of which they had only a small supply and faced with the insoluble problem of whom to supply and whom to deny, fell back upon the expedient of the cold and stony lie. The anxious housewives, eager to serve their families, perhaps overzealous not to miss anything, were met again and again on their daily rounds by the glassy stare and the defensive lie when they knew perfectly well that the coveted article was under the counter reserved for special favorites among the customers. This, more than any of the other "minor horrors" of the second great war, undermined their spirit. To be regarded as the natural enemy of your butcher and baker, and above all the wicked grocer, when you were only trying to do your job for your family was very hard indeed, and it was made harder by the feeling that the housewife's job was not considered important by the community. She was in fact a nuisance. Thanks to the brilliant work and vision of the Ministry of Food, the British housewife has come triumphantly through her ordeals and the nerve-racked tradesman has regained his friendly and chatty affability. The psychologist should remember that no praise can be too high for the blessed system of points which has reinstated the homemaker in dignity and serenity and incidentally has provided her with an interesting and intriguing game. The fishmonger, by the way, whose wares evade the rationing system, is still master of the situation, as the following conversation overheard in a fish shop suggests: Shopper (indicating the better of two kinds of fish displayed), "May I have four pieces of cod, please? . . . No, not the saithe, I would rather have the cod." Fishmonger's wife, in brisk, governess-like tones, "You will just take two of each."

This brings us to the sad question of the queue habit. People become so accustomed to stand in line waiting for buses, trains, fish, fruit, and cinemas that in the fullness of

time they begin to form queues for no reasonable purpose. Recently a new issue of ration books was announced and the local office carefully arranged a generous system of distribution of books in alphabetical order, notifying the public which letters of the alphabet would be taken each day. In spite of this, long lines of people began to form at six in the morning for offices which opened at nine, and there was a wild rush for ration books as though they were a commodity that would become scarce if not seized at once.

The Child

In so far as the child reacts to anxiety and excitement on the part of his parents, he is indirectly affected by the onset of war. In the present war, however, this reaction was intensified by the fact that the child was the central figure of the piece. To millions of children of all ages the outbreak of war meant an uprooting from all the everyday associations of family life and transfer to strange and sometimes terrifying surroundings. The sense of security was abruptly broken. It is small wonder, therefore, that children who were evacuated reflected in their outlook and conduct both their own fears and the anxieties of their parents. Unaccustomed food was rejected; ways of life substantially different from their own often gave rise to acute disturbances of function (as represented, for example, by enuresis); and even the most friendly reception could not wholly overcome the fear of the unknown.

Of all civilian preparations for war the evacuation scheme was probably the most complete. Problems of collection, transport, and billeting had been thought out to the last degree of precision. Administratively—as a plan for gathering together so much material in a danger area, carrying it by train and bus to the country, and dumping it in the scattered

safer areas—the first evacuation scheme was a striking success. But it was not sufficiently realized in advance that the material consisted of human beings—expectant mothers, mothers with young children, and unaccompanied children of school age, each group with unique problems of mental adjustment. These problems had not been explored, with the result that the *first* evacuation was, humanly speaking, a failure. It is only fair to add that the lessons of the first scheme were studied and that subsequent plans were much less open to criticism.

Much has been said about the scattering of dirty children, and a great deal of the trouble caused by the first scheme was ascribed to the verminous condition of those who descended like locusts upon the fair countryside. These judgments were superficial and tended to conceal for many months the fundamental difficulties of an evacuation scheme. The mental problems—which in the long run were decisive—were largely neglected. This caused an extraordinary series of mishaps. In the first place, children were scattered indiscriminately without regard to their social background; boys and girls from high school found themselves in miners' families in the industrial slums, while verminous slum children were bestowed upon homes of the educated and well-to-do. It may be argued that this is a proper policy in order to let one half of the world learn how the other half lives, and that it is disgracefully snobbish to maintain what are called "class distinctions" under those emergency conditions. This argument may be socialism, but it is not sense. The object of evacuation was to offer safety, not political doctrine. It is no doubt proper to educate people to pay less attention to class distinction, and to raise the social level so that all can enjoy opportunities for education and advancement. But it is mere sentimentality to urge that this should be done at a

time of national crisis, when the minds of both hosts and guests were already strained almost beyond endurance. A national catastrophe of this kind is no time for social and educational experiments. In any case the facts spoke for themselves: children who were sent to homes at approximately their own level were happier and easier to adjust than those who found themselves above or below that level.

The case of "problem" children and of the mentally subnormal was, as one might have expected, beset with difficulties. The full extent of the need was insufficiently appreciated at first and the voluntary mental health associations had a hard struggle to maintain their peacetime services, let alone the extra burdens imposed by war conditions. One cannot but feel that the whole situation should have been faced broadly and that the inevitable problems of the socially incompetent—the defective, the unstable, and the delinquent—should have been foreseen and tackled on preventive lines through education and propaganda. There has in fact been a marked increase in juvenile and child delinquency, finding its outlet in the destruction of shelters and wanton damage to everything from railway carriages to milk bottles. Some observers go so far as to take the view that we are steadily creating bands of "wild children" because of lack of discipline. From these outbursts of antisocial conduct the blame has often been laid at the door of education authorities, or on the difficulties that limited schooling to part-time attendance. There is no real justification for this. Our educational system is far from perfect and some urgent reforms are needed, but it has not deteriorated to such an extent in wartime as to account for delinquency and antisocial conduct which have been on the increase for twenty years and more. The essential cause lies deeper: the decay of religious sanctions, a general slackening of moral tone since the

last war, and external influences such as the cinema have all played their part. The onset of war merely slackened the last reins of discipline and let loose violence in a world of violence. The childish barbarities of hooliganism are only a mild reflection of the mighty brutalities of the age. One thing is certain, that we have not yet learned to tackle the problem of health education with any degree of thoroughness, and until we do so we shall be constantly plagued with antisocial conduct.

One of the principal forces in health education is skilled supervision of mental health through child guidance in both the narrow technical sense and the wider educational meaning; we are singularly backward in appreciating the importance of this aspect of education, and we suffer in consequence. Professional men and women in the United States have the greatest difficulty in believing to what extent we neglect prevention in this country and fly to palliatives and mere "relief." We pay so much lip-service to prevention in the medical and lay press that a stranger might easily run away with the idea that we practice preventive measures. As a matter of fact, when an emergency arises preventive work is the first to be jettisoned.

It is the same story with the health of the industrial worker; the expression "rehabilitation" represents an attitude of mind as well as a method of restoring the injured or sick workman to full capacity. If more attention were paid to the prevention of accidents and sickness there would be less need for rehabilitation. In any case there is the usual tendency on the part of the central authorities to rely far too much on voluntary effort to provide rehabilitation, and far too little on statutory powers to ensure health and safety in industry, to regulate hours of work, and to insist on the amenities and comforts which count so much in making a keen and contented band of workers.

To the social worker in a big general hospital and coming in daily contact with an infinite variety of patients, the first impression given is that the incidence of psychoneurosis is not so great as might have been expected. The war with the immensity and urgency of its problems has swept up the pure hypochondriac and given him a common aim and interest which has had the advantage of curing his diseased outlook at the same time. To many others, too, whose lives before were not full enough and who were therefore inclined to suffer the mental effects of introspection, the definition of their place in the community and the knowledge that their services were of real use have acted as a mental and physical tonic, and the medical out-patient departments of hospitals have been thinned of their numbers.

There has, however, been inevitably an increase in real mental stress as a result mainly of two factors—mobilization and evacuation. Both these factors have meant the break-up of homes and families, and therefore a certain loss of security which is the foundation stone of mental health.

I think perhaps women have suffered more from this separation than men. Worry about their men-folk serving overseas, increased domestic duties, the difficulty of combining part-time work with looking after a home have imposed a burden on women which is as much mental as physical. The father is missed for his moral support in the family and home discipline becomes slack. Too often the mother leans on the eldest child, forcing too old a head on young shoulders. The social worker in the hospital notices how often now the child is accompanied to the hospital by big sister aged fourteen instead of mother who is away earning money in munitions. The conscientious child of fourteen struggles hard to understand and carry out the doctor's recommenda-

tions, and at the same time she is battling with shopping queues and managing the family budget. The scatterbrain of fourteen gives up the unequal struggle, and the younger members of the family lead a riotous life on a diet of fish and chips. They attend dental or other clinics in a grubby and untidy condition (if they attend at all) and go to bed when they choose.

Many men suffer a great deal of mental anxiety about their women-folk at home. Apart from the fear of the blitz, illness of any sort assumes double proportions because of separation. The hospital almoner* frequently receives telegrams from a commanding officer regarding the seriousness of a patient's condition who is a close relative of one of his men, and it is often the first thought of wives in hospital that their husbands should not know they are ill.

There is, on the other hand, a very disturbing break-up of personal relationships where the young wife has not the moral character to live a celibate existence while surrounded (as in so many country districts particularly) by the pick of Allied forces, all suffering from homesickness. The sometimes inarticulate British husband away in the Middle East suffers acute mental distress over his wife's attitude and particularly the effect on his children. The social worker in the hospital experiences many a heartache over the same problem and sighs for the wisdom of a Solomon.

Old people are perhaps the hardest hit by the war. There was no definite plan to evacuate old people. Some went to relatives but soon came back. The air raids did not worry them so much. A far bigger problem was the care of the old and feeble not necessarily invalid. Daughters are all at war work and neighbors too busy to call. Institutional treatment seems the only remedy, but the old people want to hang on to their independence and that glorious privilege, their own

* Medical social worker.

fireside. The volcano of war has thrown up many people who could just hold their own in normal times, but must now be the care of the community, probably to their physical betterment but undeniably to their mental distress.

The war has meant lack of provision for maternity cases especially in country districts; for delicate and problem children; for the tuberculous, whose numbers have increased with the strain of war; and for those suffering from venereal disease, the appalling extent of which is only just beginning to be realized.

All these inevitably involve the mental health of the sufferers, and one of the most urgent duties of the Government was to fill these gaps in the existing health services with the least possible delay.

The Student in War

At the outbreak of war, the university student had to decide whether he was going to continue his course of study as he had planned it, or abandon it and enter the armed forces. Those who continued their studies, perhaps with a modified curriculum, were constantly reminded of the war as home-guard and fire-watching duties were introduced and soon became a part of university routine. Those duties brought a new discipline into student life and hours of leisure were curtailed. Carefree college days became less free and social functions were reduced to a minimum.

Reduced transport facilities, broken sleep, and the blackout have their effect upon undergraduates as on the rest of the community. After a winter of short daylight and long nervous nights the athletes' section of the university probably receives its full quota of aspirants, as a protest against the blackout. The spring is anticipated with joy, not because of its crocuses but for its extra hours of daylight and freedom.

A further strain is placed upon the student by the necessity of finishing his planned course within a time limit. The pleasant state of attending classes gently, subservient to the "corporate life," becomes a thing of the past, its place being taken by an atmosphere of hurry and anxiety which must affect the sensitive student adversely. In the classroom, often permanently blacked out, the student pursues an urgent course and, although numbers may be small, any inconvenience he may encounter from altered hours or lack of apparatus is readily excused by the national emergency. He plans his course from a "utility" rather than an "interest" point of view and graduates without the prewar luxury of an extra subject acquired for good measure.

The medical student of wartime, owing to his value as a helper during blitzes and epidemics, has probably matured earlier than his predecessor and is keen to gain extra experience before he graduates; also he has a confidence not usually acquired until some months after qualifying. Undergraduates as a species are fortunate in that their adaptability to circumstances is unlimited, and in this fifth year of war they are adjusted to conditions beyond the imagination of their prewar counterparts.

From the mental health aspect the outbreak of war brought both dangers and comforts. On the one side of the balance the stress of the unknown, as represented by the blackout, the anticipation of disastrous raids, the changeover of industry, was severe but only temporary. On the other side the positive easing of anxiety created by the fact of war, the resolute feeling of "Now we are in it," the swift gathering of defenses and the movement of troops offered some sense of security, further enhanced by the absence of heavy air raids. This unfortunately was also only temporary. As so often happens, the deeper issues of mental strain were

obscured for the time being and can now be seen only in a broad backward perspective. We now realize that many of the mental stresses which have affected our people were at first overlooked, although they were foreseen by many who have made a study of mental reactions and human behavior under conditions of strain.

THE LONELY YEAR, 1940–1941

THE SUMMER OF 1940 PRODUCED a series of changes in the mental outlook of the people of Britain almost as dramatic as the swift march of events. The German advance which culminated in the fall of France was so rapid that progressive mental adjustment was out of the question. The average man was like a boxer who has received a succession of blows, and is given no chance of regaining his balance. He is stunned and driven back towards the ropes without even realizing that in a few moments he may be counted out. The British people might well have remained in a state of spastic paralysis until knocked out by an overmastering blow; yet it is true that even at the worst moment hardly a single individual believed in defeat. It was the old story that the British do not know when they are beaten. At any rate this was the supreme moment for leadership—and a leader was found in Churchill; but it was also the occasion for action, not by the astonished nation but by groups of people each of whom could see a job before him and do it

with a will. Apart from the splendid work of the Services it was the little men and the little boats at Dunkirk who first restored the national balance of mind; and the magnificent response of industry and home defense after that terrible disaster further steeled the hearts of the people. The Battle of Britain brought back the full measure of national confidence and gave the struggle that epic quality which puts strength into the sinews of every citizen no matter how humble and remote his function may be. The devastating air raids of late 1940 thus fell upon a people already braced for action, determined individually and in the group to play their part in active defense. The national mind was in a positive and aggressive mood. This period fortunately coincided with a steadier and more successful distribution of children to safer areas, and both the hospitals and the civil defense services were in good shape for action. With rare exceptions these services were not strained beyond their capacity by any single raid.

The Reaction to Air Raids

When heavy raiding began, psychiatrists were surprised to find how bravely the people stood up to the test. The most distressing features of the raids were not so much the terror that flies by night as the disorganization that follows by day, and the anxiety produced by recurring attacks night after night. The haunting anticipation rather than the event tends to undermine mental stability. Yet it is remarkable to find how many people have been able to retain their mental composure during raids and in spite of suffering and personal bereavement. It is too early to determine how deeply the wounds have cut, but it may be taken as certain that some of the scars will be permanent. One may even hazard a

guess that many will reappear and cause trouble when the war is over. This, at any rate, was the experience of the war of 1914–1918.

Shelters

The heavy attack from the air brought into prominence a new problem of mental and physical health, especially in the densely populated areas of London which bore the first weight of the German onslaught. Considerable preparation had been made for shelter accommodation, but the full implications of prolonged residence in deep underground shelters had not been appreciated. Night after night whole families in large numbers betook themselves to underground railway stations and other much less suitable places, and this became the normal mode of life over long periods. The difficulties that arose regarding feeding, sanitation, bedding, and many other physical concomitants of improvised shelter life are common knowledge; it is enough to say that in the course of time beds, sanitary appliances, canteens, and even medical and nursing services were introduced into the larger shelters and that ultimately a fairly well-organized routine was established. In the mental health field of study many interesting problems arose at the time and quite possibly more will appear after the war is over; but on the whole the psychological effects of shelter life were less serious than might have been anticipated. A small number of persons, and even families, seem to have become permanent residents;* others are moonlight visitors; but the great majority depend on sirens and gunfire for their descent to safety. In some coastal areas many of the inhabitants returned to cave life on account of frequent bombing with very short warnings, but they are so well adjusted that they do not appear to have suf-

* This still amounts to several thousands in London alone (1943).

fered or deteriorated mentally to any extent by this process, although the physical discomforts are considerable. Nevertheless, there does exist a "shelter neurosis" represented by an unreasoning urge to take shelter on every possible occasion. At the other extreme claustrophobia is found as a comparatively rare condition. A considerable number of chronic shelterers are down-and-outs who have either never had any permanent home or have lost their homes and not taken up any new dwelling, and it is often difficult to separate this semi-vagrant population from those who take nightly shelter because of difficulties in mental adjustment to war conditions.

Rest Centers

A more serious, although fortunately only temporary, result of heavy bombing was the problem of rest centers and emergency evacuation. Immediately after certain particularly heavy bombardments large numbers of people, most of them homeless, left the devastated areas on foot and made for the surrounding country. The great majority of these people were in a half-dazed condition without any real idea of where they were going or what they were going to do when they got there. In the early schemes for reception the authorities did not take a wide enough view of the tremendous problems involved, but were content to deal with the subject piecemeal. It was apparently assumed that these refugees, after heavy bombing, could be easily registered at a center and then distributed to temporary billets, whereas in fact thousands of unofficial evacuees streamed into the reception areas and took up what accommodation they could get without going to distribution centers.

Another fault in preparatory measures was the notion that reception centers could be organized for accommodating

and feeding refugees for a maximum period of forty-eight hours. This time proved to be quite inadequate. Overtaxed dormitory and lavatory facilities could function without risk for brief periods, but the protracted stay of hundreds of men, women, and children in improvised and unsuitable quarters created a grave problem from the mental and the hygienic points of view. It is essential that the rest center should become an effective clearing house and that families whose homes are destroyed should be billeted out as quickly as possible and not retained beyond a few hours on unsuitable premises.

The proper organization of rest centers was little understood at first although great improvements were made when the difficulties were appreciated. The first essential, when premises were selected, was to appoint a director with a capacity for handling people, and a band of competent helpers. The director had to be ready to live on the premises when the emergency arose and to organize a proper rota of staff for twenty-four-hour periods of duty. His main task was to gain the confidence of the refugees by tact and patience, and the use of commonsense psychology, and not to employ dictatorial methods which serve only to increase strain and unrest.

One of the main difficulties in the organization of rest centers was to sort out those who were physically or mentally unfit. It was hard enough to maintain cheerfulness and good order among those who were sound; the addition of mental defectives, the infirm, and the sick made the task impossible.

When people had to remain for any length of time in a rest center where accommodation had to be improvised in large rooms, some sort of privacy had to be secured. Otherwise the refugees found it embarrassing to undress for bed and in some instances remained for days or even weeks without removing their clothes.

On the whole, the psychological aspects of the situation created the greatest difficulties. Refugees reaching the centers were generally exhausted and nerve-racked, wanting only food and rest. A kindly welcome, with as little questioning as possible until they had some release from their unhappy experiences, was the only right course to take. At first discipline was easy to maintain, because the people were docile and heroically patient in their acceptance of their personal losses. After a few days, however, especially if no billets were found for them, some began to be restive. The more energetic went out and found accommodation for themselves, but the timorous and the dull waited patiently for instructions from the authorities. Unfortunately, when order began to reign again, some of the officials concerned with distribution were too much inclined to use the disciplinary methods that have been handed down from an outworn poor law. The refugees were occasionally denied the right to know where and how they were to be billeted, and were herded like cattle. As they began to drift back to the bombed area a few of them carried stories of harsh treatment. Suspicions about the good will of the authorities spread, and were of course exaggerated, and working hours were lost to the national effort because fathers and husbands went back to the reception areas to protect their children or wives, in case they were not being properly treated. The longer people remained in the rest center the more restive and suspicious they grew; in other words, their morale (although still good on the whole) began to deteriorate, and some of them asserted that they were being treated like criminals for having allowed themselves to be bombed.

As numbers fell and people began to return to their work in the bombed areas, the quality of those who remained deteriorated rapidly. The shiftless and the dull-witted remained as semi-permanent residents and expected the au-

thorities to look after them, while the others went out to fend for themselves.

An able and disinterested observer,* to whom I am indebted for much of the "information on the spot," gives the following comments on his experience of a rest center in action:

The conduct of refugees of this type was interesting from the psychological point of view. For about two days they were dazed and docile, then they began slowly to recover and revert to their ordinary characters. Some complained of having to live on sandwiches and buns, but settled down at once when cooked meals were provided. When the Assistance Board began to pay out relief the public houses in the area had more than their fair share of the money thus put into circulation. Actual drunkenness, however, was not common after the first two days, and much of what did happen might be excused on the ground that the offenders were seeking oblivion. There was no evidence that sexual problems entered into the matter. The blitz had given men and women other things to think about. Among young people one could detect a strong camaraderie between the sexes and a certain hilarity bordering on hysteria. A more difficult problem was provided by unattached juveniles, whether survivors of blitzed families or young people who had temporarily lost their relatives. These boys and girls tended to run wild and readily took to looting and other antisocial activities for the sake of adventure.

The presence of babies and very young children in these rest centers was one of the most regrettable features of the failure to billet families within a reasonable time. If infants have to be accommodated beyond a few hours it is essential to have a crèche with a trained staff and all the necessary equipment for hygiene, sleep, and play. The atmosphere of a crowded hall is no fit place for infants and their presence is an added irritation to the adults. Where refugees are in public buildings for any length of time, it is essential that children of school age should be under control for education and play for a substantial number of hours each

* Mr. J. H. Saunders, Dunbartonshire, Scotland.

day; otherwise they run about destroying everything they can reach, disturbing the adults and interfering with the management of the center. Moreover, when mothers are relieved of children of that age they are set free to help in the essential work of the center, such as cooking, washing up, etc. Psychologically it is an error for the staff to serve evacuees hand and foot. It is better for them when they have to do their own share, because this keeps them from moping. But they must not be ordered about. If a rest center is to maintain a population for any length of time, some kind of self-government should be organized through committees of the refugees themselves. . . .

The first reaction of our residents to the refugees was one of strong sympathy. Tears were shed all round and many evacuees were swept into the homes of the more fortunate on a wave of hysteria. Before long a colder attitude developed, justified by various arguments, genuine and specious: for example, many persons objected to their children being denied education because the schools were being used as rest centers, and complaints began to arise because the influx of thousands of people gave rise to serious shopping difficulties.

The local authorities with restricted means toiled to meet the needs of the refugees, but here and there one could detect petulant impatience with the residue which still inhabited the rest centers after several weeks. Years of dealing with public assistance cases may have given some officials a bias against applicants for any service whatever, but there were doubtless seasoned candidates for public assistance amongst the refugees. Discrimination was difficult, however, and decent people were often pained at their reception. In general there was far too much lining up for various forms of relief. The offices available were too few, too small, and grossly understaffed. The machinery took too long to get into motion; then, as the evacuees became restive, the first payments seemed to be made in a kind of panic and there was no real check on the genuineness of the claims. Individual grants were too large as lump sums for homeless people and yet inadequate for reclothing the destitute or providing essentials for unfurnished billets. Too often it was easier for a man to drink the money than to divide it fairly over a large family.

On the whole the evacuees behaved magnificently and the lo-

cal authorities were remarkably efficient. Most of the persistent difficulties were attributable to attempts by higher authorities to solve this tremendous problem on paper, at a distance, without regard to the human values on the spot. From such failures to consider psychology and social factors can only come a travesty of justice and a serious degree of social discontent. Time and again the legitimate fears of the refugees about their ultimate disposal were brushed aside as evidence of deliberate obstruction: for example, evacuees were accused of being unwilling to leave the rest centers when their only objection to moving was the fear of being transferred to another rest center.

The Spirit of the People

One of the mental advantages which the United States and Great Britain have over their enemies is that they do not believe they can be defeated. This pillar of their faith was severely shaken by the fall of France, but the heroism of Dunkirk had a stabilizing effect on the public mind even before the Battle of Britain came to restore the old confidence. In the realm of mind one cannot overemphasize the value of Churchill's early speeches, and it is the mind of its people that weaves the destiny of the race. Hard on the heels of these great events—events, that is, of the mind—the ferocious bombing raids produced a spiritual exaltation which found its inspiration from the common phrase: "We are now all in the front line." This fellowship of suffering at all social levels had a result which was the reverse of the enemy's intention: it bound the people together in courage and resolution.

But one cannot keep mind and body on the stretch indefinitely; there must be a limit to the long hours of work which the Dunkirk disaster made necessary; there must be time and deliberate provision for rest, and fun as well as grimness.

Long hours of work bring retribution in the form of fa-

tigue, sickness, and increased proneness to accident. The work itself deteriorates in both quantity and quality. This fact was well known during the last war, but in this war the authorities were slow in making use of the accumulated knowledge about industrial fatigue. They were quick to exploit the need for extra work in a time of peril and to rate highly the mass effect of courage under air attack; but slow to perceive that intensive effort cannot be maintained successfully beyond a limited period and that the strain of air raids, combined with darkness, unequal food distribution, and transport difficulties, has a cumulative adverse effect on the mind. It is dangerous to argue that because people have stood up magnificently to a period of physical stress and have overcome urgent fears, anxieties, and disasters, they will therefore emerge from their trials without suffering any injury. This is to ignore the fact that mental wounds tend to be repressed—to be buried under the surface, but not effaced. Who can tell when these buried volcanoes will reappear and break into eruption? At any rate the moral of this doubt is that we must do everything in our power to prevent these wounds, or at least to treat them while they are fresh and capable of direct attention. The older scars are frequently hard to locate or to trace to their source. If we accept this view, our duty is to examine the means of prevention and early treatment that exist at the present time. We are not concerned with criticism of past action except to the extent that it may teach us a lesson for the future.

DEFENSE, PREPARATION, AND ALLIANCE, 1941–1942

"I CONFESS I DO NOT SEE THE way out" was the kind of expression which pessimists used in the summer of 1941, when the Russians were falling back before the first German onslaught and our efforts in Libya seemed puny in comparison with this vast array of arms. It is undeniable that the great majority of all nations, including the Axis powers, thought that Russia would be overrun within a few months at most. They were misled by what must have been the greatest bluff in history—the war with Finland.

What was in the minds of people at that time? In the first place it must be remembered that the attack on Russia meant at least a temporary relief from bombing and the danger of invasion; it offered that most valuable asset—time—and a chance of further preparation. People do not think very far ahead, and the British were for the most part content to work and to prepare for what the fates had in store.

There was no lassitude, but the opportunity to become spectators in the tragedy had a curious effect: it made men and women in this country begin to think of a possible future and to plan for a new world. At that time there were two schools of thought: those who urged that all effort must be put into winning the war, and those who said that victory without plans for peace would be barren. Materially the former were right and they still are; but psychologically the latter were wiser than they knew, for the moral effect of planning is itself a great stimulus to the war-winning frame of mind. The vision of better things is a powerful weapon of war.

The attack on Russia had the faintly amusing political consequences that are bound to occur in the irrational course of war: communism became suddenly respectable, and not solely on grounds of expediency. Many people were astounded by the fact that Russia was acting as a united nation bound by ties of loyalty to its régime as close as our own to the long traditions of democracy. Was it possible after all that the Soviet system had won the approval of its citizens to such an extent as to be government with the consent of the governed? Day by day this proposition became more clear to the most violent opponents of the system until even the ranks of Tuscany could scarce forbear to cheer.

What is more important, however, is that our workers were able to help: they felt that they had a personal stake in the Eastern Campaign, and this fact created a new determination in the production of munitions. One of the most disheartening features of the war up to the time of the invasion of Russia had been helplessness in the sense that a great part of our work was for defense rather than attack. Assistance to Russia afforded a new outlet for the aggressive spirit which was soon to express itself in the persistent call for a "second front." This cry is to be taken at its psychological value

rather than as a sober expression of opinion, and for that reason must not be dismissed as mere ignorant criticism of government. Rightly considered it was a lion's roar, and the Prime Minister understood it as such and rejoiced.

The treacherous Japanese attack on Pearl Harbor in December, 1941, was more of a shock to American than to British feeling. In this country we had already become hardened to the spectacle of treachery, and it was difficult at first for Americans to understand the British attitude. On serious reflection the average citizen of Great Britain would have said three things: that he deplored Japanese cynicism and treachery; that he deeply regretted both the necessity and the method by which the United States was brought into war; and that he welcomed her as an ally. The moment was not one for reflection, and even men in high places in this country were almost hysterical in their joy at the entry of a powerful ally at such a critical period. This reaction can be fully appreciated only in the light of psychological analysis; it is just another example of the sudden uncoiling of the steel spring of anxiety, the effect of which is to cause an abnormal slackening of tension and therefore an overactive response. There was no malice in the reaction and no offense in it either.

If the tension was released too suddenly, it had to be renewed as quickly on account of the rapid succession of disasters to British arms and British prestige. Probably few Americans realized how much the pathetic loss of two battleships meant to the people here, and the fall of the mighty fortress of Singapore shook confidence more than anything since the collapse of France. The ground was trembling under our feet.

The months that followed brought some of the most critical periods of the war: the Japanese threat to Australia and suspense in Egypt. The people of this country had the feel-

ing of a race against time, not unlike the position in the 1914–1918 war after the entry of America. The increasing strength of the U-boat fleet added to the difficulties of statesmen but it is doubtful if the people here ever deviate from complete confidence in the power and resourcefulness of the Navy and the merchant marine. They have the same kind of faith that the Germans have in their "invincible" army. Meanwhile things had become remarkably stable on the home front. Thanks to the energetic and farsighted policy of the Ministry of Food, nutrition was maintained at a high level—a matter of profound psychological as well as physical value.

However, new troubles had arisen. Because of the enormous number of troops arriving in these islands, there were moments of tension before adjustment could be reached. The American troops showed a kindly understanding of our food situation, but they must often have been exasperated by our lack of comforts in hotel accommodation and public restaurants. It no doubt took them some time to discover that we are a generation behind them in such simple devices as central heating and other mechanical aids to the ordinary amenities of life. On the whole they bore it very well. More distressing to both parties was the risk of venereal disease and the failure of our Government to cope with the situation in a realistic way. Another trouble—for which there was more excuse—was the deterioration of transport facilities. This had already caused great hardship to munition workers and was indeed a rival of the blackout as a prime cause of misery.

The visitor to Britain in the spring of 1942 must have been struck with the grimness of the people. The heavy raids of the previous year were quick in the memory and a renewed air bombardment seemed to be imminent. The Russian winter was drawing to a close and there could be little

doubt about German preparations for an all-out summer offensive. In spite of the great alliance, effective concentrations against Japan and Germany seemed far off; the mighty machine had still to be created and set in motion. In this period of suspense the average man in Britain might well have subscribed to Burns' lines:

> But och, I backward cast my e'e
> On prospects drear;
> And forward, though I canna see,
> I guess, and fear.

The outward signs of this attitude were probably more obvious to the visitor than to the native. In London, for example, the stranger was aware of a certain lack of interest in the everyday conditions of life; the streets were cluttered with half-removed rubble and the gaping wounds of damaged houses gave a ragged appearance to the city. Restaurants seemed to live in a perpetual twilight and the food was served and eaten without zest. The growing restrictions on transport made the great highways lonely in their emptiness and the trains were crowded, dirty, and cheerless. These indications were not marks of despair, but of grim determination. The prevailing feeling was: "Only let us get through this summer, and the tide will turn, however low the ebb may be." The British were taking a full look at the worst, but in the far distance they could already see the unsteady light of better times.

The effect of an air raid on people depends a good deal upon whether they have had active duties to perform. The fighters on the home front are upheld during the ordeal by their own energy; time passes quickly and the temper of their minds is aggressive. It was noteworthy that, when raids occurred in one city on several successive nights, the number of voluntary workers reporting for duty steadily increased.

On the other hand, those who lay passive in shelters felt a growing sense of exhaustion as the long night dragged through. In the morning the best they could do was to smile and say, "Well, we are still alive." In the wider field of national effort the summer and autumn of 1942 produced similar results. For those who were in the forces or otherwise engaged in the national war effort the months passed quickly enough. But the aged and the passive—those who had to go about their ordinary jobs in civil life—felt the strain deeply and showed signs of discouragement and fatigue. For them, however, there was an outlet of great importance to mental balance: the idea of planning for the future. This is an old story—as old as the human mind. It is not in times of prosperity that prophets arise and dreams take shape, but in the midst of tumult and violence. The mind held fast in the clamp of events seeks release in ideas and in "the rapture of the forward view." If it were not for this, we should have gone down, body and soul, into the abyss long ages ago.

In Great Britain there was an orgy of planning in 1942. It was a natural and, on the whole, a healthy phenomenon. The open question of how much will be realized does not detract from the value of the activity, or the stimulus of the hopes on which plans are founded.

The organization of civil defense in Great Britain, which had been carried out in detail before war broke out, had an excellent effect on popular morale. When in later years we are able to view the work of the home front in its right perspective, I believe that the vision of the teachers who undertook the patient, thankless task of preparing the people for defense will be recognized and praised. These men saw clearly that it was not the material of defense that mattered at the beginning (and indeed there was precious little of it), but the spirit of preparedness, the sense of protection given by education and understanding. The Home Security au-

thorities therefore organized a people's service—a simple and elastic system in which every citizen could play a part and take a pride in his duties—whether in the control office, the fire station, the first-aid center, or the warden's post.

From the psychological point of view the creation of the warden service was a master stroke because it gave people confidence in neighborly help in the event of disaster. The good warden was shepherd of his flock; he knew their habits, their going out and their coming in; he had advised them personally on difficulties of blackout and instructed them in the use of gas masks and the simple weapons of fire protection. After an air raid in which houses were demolished, the well-informed warden could tell the rescue parties exactly where they should dig for families whose shelters were unrecognizable under a load of rubble; he could say how many persons were likely to be found in a given place. By this means the rescue parties were often able to save lives and to avoid many hours of toil and vain searching.

The medical services of the country also contributed to public confidence: hospitals were cleared for the reception of casualties as soon as war broke out, and surgical teams were ready to meet emergencies at any time of the day or night. The first-aid scheme had to adapt itself to the changing strategy of enemy attack. At first there was what might be called the "Florence Nightingale" complex: everyone had a picture of a fleet of ambulances rushing to the scene of disaster and of doctors and nurses succoring the wounded on tidy rows of stretchers. Material destruction was so great, however, that skilled rescue services had to take precedence over first aid, and fire control over both. It was a long, dreary process of operation in danger and choking dust before medical and nursing attention to the wounded was possible. In the earlier days the confusion of destruction added to the horror of raids, but people gradually became accustomed to

the idea of preliminary rescue work; hysterical calls for the doctor went out of fashion, and the ambulance was kept in the background until it was needed.

It would be unfortunate if the union of rescue and first-aid services were dissolved at the end of the war. The medical and the technical have learned much from each other and their cooperation in peacetime disaster would improve both speed and skill. Before the present war both training for first aid and its practice had fallen into a groove. One has only to glance at the textbooks on the subject to see how rigid and sterile the system had become. In recent years the Red Cross and other voluntary organizations and the civil defense services themselves have taken pains to issue up-to-date manuals of instruction founded on war experience; and there has been a strong movement towards combined training in rescue and first aid. These valuable experiences should be consolidated.

In Great Britain this offers no special difficulty because the civil defense services have become woven into the life of the community. They are a vital part of the national service for two main reasons: they have been tried in the heat of battle and emerged triumphantly from the ordeal; and they have brought together in a common service men and women of all types and backgrounds and taught them about one another's lives. The situation in the United States is much more difficult because the civil defense services have never been tried. In consequence they have not been cemented together by common suffering and sacrifice. Psychologically therefore their significance in the field of postwar reconstruction is slight. Nevertheless they were of great value because at the time of their creation the people of the United States suffered from a sudden depression of their self-confidence and the civil defense service was an important element in restoring the balance. An unready nation is a dispirited

nation, and the Office of Civilian Defense did a real service to the community from the mental health point of view alone, apart from its material contribution to war preparations, by turning the anxious and puzzled minds of the people from self-reproach to active participation in the national service.

THE END OF THE BEGINNING, 1942–1943

TOWARDS THE END OF 1942 the tide in the affairs of the Allies reached its ebb and turned. At Stalingrad and in the battle of Egypt it began to surge forward. The brilliant campaign in the Far East and the long offensive that culminated in the capture of Tunis and Bizerte left the world in no doubt about the pace and direction of its flow.

The visitor to Great Britain in the summer of 1943 saw a striking change in the outlook of its people. There was an air of expectant activity. City streets were swept and clear of obstructions. The bombed areas had become Nature's gardens, gay with willow-herb. Although food restrictions were unrelaxed, shops and eating-houses seemed to want to serve their customers instead of merely tolerating them. Immense lines of people still waited for buses and the underground trains were packed beyond capacity, but there was a more pleasant flavor about it all, a good-humored acceptance of

difficulties that would surely be resolved in time. Theatres were busy, and their shows went with a greater swing than in the previous year.

This gentle release which marked the end of the beginning was very properly celebrated by a Government concession, permitting the church bells to ring again. This was as far as the authorities could go, although there was some public clamor for easing blackout regulations, which represented to so many minds the period of gloom and depression from which they had just emerged. But there are still obvious security reasons for continuing the blackout, and in a small country like Britain, it is wise to treat all parts alike.

The brighter war prospects led to some difficulties at home. Railway travel became more uncomfortable than ever, chiefly because so many families, wearied by four years of restrictions, decided to kick over the traces and take a holiday by the seaside. Official posters shouted the slogans "Take your holidays at home" and "Is your journey necessary?" but there are limits to human virtue when the news from the battlefronts is good. "Where are you going for your holidays this year?" said one woman to another in a Glasgow streetcar. "I'm taking the family to Blackpool," said the other. "But that's a long way to travel . . ." "Oh yes," was the answer, "but Blackpool's the place where they make the best arrangements for holidays at home." At any rate thousands of people were content to stand for hours in crowded trains and to live in gross discomfort for a few days, all for the sake of a glimpse of the sea. These stolen holidays gave people a great deal of pleasure and helped to set them up for the coming winter. Who can blame the holiday-makers?

Evacuated Children

At this time it is interesting to take another look at the posi-

tion of evacuated children, because the great majority are now placed where they are likely to remain until the end of the war. Those who have not fitted well into country life have nearly all returned to their city homes, apart from a few coastal areas subject to special restrictions or to frequent enemy attacks. The situation of the remainder is stable for the time being. Considerable numbers of older boys and girls have become so interested in country life and pursuits that they will be extremely reluctant to return to city conditions. For this reason a new problem of evacuation will arise sooner or later: what is to happen to those children who are eager to remain in the country?

At the final reckoning the evacuation scheme will raise many controversial issues. In order to examine these without prejudice we must remember that the scheme was not put forward as a desirable thing, except for reasons of security. No one pretended that it was good for children to be separated from their parents. There were three main arguments in favor of an evacuation scheme which, taken together, were held to outweigh its obvious disadvantages: in the first place national security demanded that in the event of invasion as many non-effectives as possible should be cleared out of the operational areas; secondly, the national war effort required that both men and women should be unhampered in serving the needs of industry and civil defense; and thirdly, in the interests of personal security it was felt that the scattering of children in rural areas would reduce the number of casualties, relieve many parents of acute anxiety about their children, and perhaps save the children themselves from fear and suffering.

In time to come we may study the psychological effects of evacuation on children and we may find that the break-up of families produced harmful results in varying degrees, according to the age and social circumstances of the groups;

but we have no right to draw the conclusion that the Government's decision to evacuate children was wrong, even if it is proved that the system caused damage to the mental or physical health of the children. We already know a good deal about the effects of evacuation, both immediate and remote; but we do not yet stand far enough away to judge the scheme as a whole. We can study some of the effects as they relate to specific groups of children.

1. Many children from the homes of the well-to-do were sent to the country at the beginning of the war, either because the schools they attended were removed or because their parents conscientiously accepted the Government's advice. Four or five years is a long period of separation from the family circle, but the older children suffered neither more nor less than if they had been sent to residential schools in peacetime. Their parents were able to visit them at reasonable intervals and often spent holidays with them. Younger children were less fortunate, but it is remarkable how many of them fitted happily into the life of residential schools and were content with a visit from parents twice a term.

2. Children from good working-class homes had no doubt fewer opportunities of seeing their parents and it was much more difficult to arrange family holidays. The evacuation system was at best a lottery, and a great deal depended on the kind of home a child reached. As already indicated, a home fairly closely resembling the child's own family in social status was the most successful, and the possibility of regular visits from parents meant a great deal. Younger children suffer relatively severely from the break-up of the family, but this is instinctively recognized by the parents who in most instances have left only the children of school age in the country. Broadly speaking, the school children who have re-

mained in the safe area until 1943 are well stabilized, happy, and contented.

3. Children from bad homes, who have never known any real family life, have suffered little, if at all, from evacuation. There are of course many homes of an intermediate type—some ill managed but kindly, and others physically dreadful as slums but with reasonable family care and affection—in which the family life, poor as it may be, is better than any substitute. To a young child especially the sense of security in his own home is a very precious thing. But it is nonsense to suggest that a thoroughly bad slum home in the city is better for a child than a good foster home in the country. The critical test is the character and attitude of the parents, not the condition of the house and its environment. If the parents are indifferent, neglectful, or cruel, then twenty years' experience of foster homes tells me unequivocally that the children are better separated from such parents, always provided that they are not placed in the deadening atmosphere of an institution. Psychological investigations have been made from time to time purporting to show that children who have been retained in the danger areas under frequent air attack have shown less "mental" damage than similar groups of children who have been evacuated. The conclusions drawn from such reports are unconvincing, because so many conflicting factors are involved. It is true that children in frequently bombed areas have shown fewer signs of mental trauma—for the time being—than had been anticipated; and that an unexpectedly large number of psychological difficulties arose among children evacuated to the country. But we are often too easily led to exaggerate the importance of unexpected findings, to emphasize special cases and forget the great mass of the normal. Evacuated children who show psychological stresses come quickly into promi-

nence because of their unusual situation; the cry of the children whose minds and bodies are deformed by slum conditions and a miserable home environment is as a whisper in the ear of death unheard. Bombing adds little to the general din. There are no satisfactory standards of comparison: speaking generally, children fare best in their own homes, but it is a fact that many have been happy and contented in country surroundings and have developed physical strength and self-sufficiency to an extent that would have been impossible in the city. Others have not fitted in to the country in spite of better conditions—and most of them have now returned. Child delinquency and other symptoms of unrest have increased in our cities, whether bombing has taken place or not, and the severity of air raids bears no relation to the amount of delinquency.

4. The most important remote effect of the evacuation scheme is the final homecoming of children who have been away from their parents for long periods. So long as parents and children keep in touch by frequent visiting the problem is not likely to be difficult; but there are several types of case that may prove really troublesome.

The older child who has become so devoted to work in the country that he will object violently to a return to city life will probably cause only a temporary difficulty, if his case is well handled. Most of the children in this group are approaching adult life and have already gained some measure of independence. The obvious course to be taken is to introduce a scheme of training and settlement for such children and so fulfill their desires.

The younger child who has been thoroughly happy in his foster home will be a much tougher proposition. If his own home is good, a skilled psychiatric social worker should be able to secure a fair adjustment between the claims of home and foster home. On the other hand, if the happy "country

child" has to return to slum conditions, even an affectionate mother may be faced with a baffling problem. In this case the need for a psychiatric social worker and probably attendance at a child guidance clinic are manifest, because every effort must be made to secure a happy relationship for both mother and child. We must be guided by the principle already stated—that family life, poor as it may be, is better than any substitute. The proper remedy is for the health authority, at the request of the child guidance clinic, to provide a better physical environment for the family.

Finally, there is the problem of the child whose parents are indifferent or even hostile to his homecoming. In some instances the reason may be a complete change in the family situation since the beginning of the war, such as the death or separation of the parents and the break-up of the household; or the parents may be drunken and neglectful, or otherwise unfit to make a home. Each case must be considered on its merits, and the report of the child guidance clinic and the psychiatric social worker will be the decisive factor. In most instances one may hope that the authority will be able to make arrangements for maintaining the child under the conditions where he is happy and contented, and for offering prospects of permanent settlement.

This brief review of possible situations at the end of the war points unmistakably to certain conclusions: the central authority must lay its plans in good time and not allow the situation to drift into chaos. Local health authorities should be given a specific responsibility for making suitable arrangements for the homecoming of evacuated children. It is not enough to wait until problems arise and then deal with them piecemeal. Every child must be regarded as a potential problem, and the situation should be investigated in advance by a psychiatric social worker. Cases of obvious difficulty should be referred to a child guidance clinic for con-

sultation between the psychiatrist and the parents before the child is removed from his foster home. This is the only way by which the parents' confidence in the clinic can be established in time to be of real value.

The problems of foster parents should not be overlooked. Many of these will have formed a deep affection for their adopted children, and the final separation may be heart-breaking, whether the children return to good homes or not.

In terms of number the problems of homecoming may not be very great. There may be a strong temptation on the part of authorities busy with a multitude of great tasks to let this situation "look after itself" and to imagine that by paying the fares home they have done all that is required of them. Such action will cause much unnecessary suffering and deep public resentment. Many mistakes were made in the initial evacuation scheme, due almost entirely to lack of psychological insight on the part of those who were responsible for the arrangements. Most of these have been repaired at great cost. There will be no excuse for careless or wanton repetition of these errors.

Transition from War to Peace

The end of the beginning throws into prominence the problem of the awkward transition from war to peace in industry. In this the mental health aspect is of great importance, because success or failure will depend on the maintenance of the right mental attitude. Quite apart from the economic situation, war workers will be highly sensitive to the change, and every possible effort must be made by those in authority to sustain their feeling that they are taking a part in national service. The psychological attitude towards "national reconstruction" must replace without a conscious break the well-developed ideals of war service. On the practical side, the

extension to industry of skilled and sympathetic job selection will go far to make the worker feel that he is still being regarded as indispensable to the national effort. We have important and difficult tasks ahead in the rehabilitation of the unfit and their settlement in industry, but this must not be allowed to overshadow our duties to the men and women who are fit and well but look to their country for help and guidance in their smooth transfer to a peacetime economy.

The housewife should not be forgotten in this process. She has endured much and deserves special consideration. Much of her happiness and good will depends on how quickly simple household commodities, of which she has been so long deprived, can be put on the market at a reasonable price. The psychological value of a considerate policy of controlling prices of food, furniture, and other household necessities will be very great, and our present organization is so effective that it should not be difficult to exercise further friendly supervision until irregularities of supply and distribution are smoothed out.

Relief in Europe

The most urgent and most far-reaching planning we must now begin to do is concerned with relief for the vast areas of Europe now occupied by the enemy—a matter which is receiving serious consideration by the allied governments. There are two main issues: relief in the material sense of offering food and comfort, and skilled scientific investigation to determine what are the most urgent needs of each area and how they can be met. Relief is merely palliative and temporary; scientific investigation lays the foundations for constructive work of permanent value. Its object is to help the battered countries to restore themselves and to fight their own war of reconstruction. The situation, and there-

fore the strategy of restoration, will vary from place to place. In one district epidemic diseases such as typhus and malaria will be the chief enemies; in another, gross malnutrition; in a third, the complete destruction of organized medical services; and so on. Each case must be considered in relation to its most clamant needs, and swift action may avert further catastrophe.

In these circumstances the most important agency to act as the spearhead of reconstruction is not the general relief organization but a well-balanced scientific team, endowed with full powers of investigation by the allied governments and the authorities on the spot. The composition of such a team would vary according to local conditions, but would include as a minimum epidemiologists, nutritionists, physicians and nurses, social workers; veterinary and agricultural advisers; and experts on sociological and political problems. These teams would work together and report as a unit on the major problems to be solved. It would then be for the allied authorities through their various departments to implement the recommendations of the scientific workers by sending personal and material assistance to the required extent.

There is no virtue in indiscriminate relief. Restoration of occupied countries is a science with its own skilled method of approach and its own expert strategy. The scale of need is so vast that the first step is selection—the skilled assessment of the most urgent requirements in the interests of the community at risk and the larger world beyond. The head is a surer guide than the heart in these matters.

Part Two

MOBILIZATION FOR PEACE

INTRODUCTORY

No special change took place in the statutory mental health services at the outbreak of war except that both central and local authorities were greatly hampered in their efforts to maintain institutional accommodation by the more urgent need to provide emergency hospital beds. The Board of Control* gave every possible assistance in the emergency by releasing large blocks of beds in mental institutions to meet the urgent needs anticipated by the casualty services. This inevitably resulted in the overcrowding of mental hospitals and institutions for defectives; but fortunately the demand for beds for certifiable cases tended to diminish rather than increase. On the other hand, local health authorities, especially in country areas, had to face an entirely new set of problems thrown up by the evacuation scheme. Social difficulties of every description arose between the receiving families and their guests, ranging from incompatibilities of temperament to serious problems of behavior. In many areas the ordinary social and

* The department of the Government in charge of mental health.

health services were unable to tackle these troubles, and the authorities were only too glad to seek help from skilled mental health social workers. In some instances special hostels for difficult children had to be improvised and staff had to be secured at short notice. In addition there were innumerable problems of behavior which required settlement on the spot, generally in the homes of the receiving families. In these circumstances the practical assistance of the voluntary mental health associations was invaluable. A Mental Health Emergency Committee, combining the resources of the existing voluntary organizations, was soon formed. Through its agency psychiatric social workers were appointed as regional representatives assigned to civil defense regions to assist in mental health work; and these, together with the loan of trained workers to specially difficult areas, went a long way to tide over the first period of urgency. The efforts of the voluntary associations were officially recognized, and a substantial grant was given by the Treasury to meet the cost of regional representatives. This grant has been continued, and the work has at the same time extended and become organized. In a number of areas the local authorities themselves are making wartime appointments of mental health workers, and, were it not for acute shortage of trained staff, a considerably larger number of schemes would have been approved as local authority responsibilities.

The most important activity of the regional representative is to demonstrate the need for mental health services in wartime, in the interests both of the evacuated children and of the reception areas themselves. The representative forms a link between the various services, both voluntary and official, which directly or indirectly promote mental health; she takes part in the organization of lectures for the civil defense services and helps to maintain interest during slack periods, when discipline is so apt to falter. She continues to

advise on mental health problems relating to hostels, rest centers, and shelters, and promotes in cooperation with the other organizations the development of welfare movements, play groups, and health education generally. And finally, the regional representative has a more specific function in promoting child guidance and mental treatment clinics. The expected result of this work is that local authorities, recognizing the value of the temporary service, will desire to place the whole scheme on a more permanent footing and make their own appointment of a psychiatric social worker. This has in fact been done in some areas, but development is hampered through lack of trained workers; and there is no doubt that the London School of Economics (which is the only training school of the kind in Britain) could easily place in immediate employment at least double the number of persons who complete their course each year. To put the matter in another way, only half the advertised vacancies during the year 1942 were filled, and it is evident that local authorities are delaying the creation of child guidance clinics for lack of properly trained staff.

As it happened, the training course for psychiatric social workers was disorganized to some extent in the early days of the war, for the London School of Economics had to move out of London to Cambridge and the London Child Guidance Clinic was obliged to close down. The training of psychiatric social workers was continued, although under much more difficult conditions, at Cambridge; and arrangements were made to divide the practical work between a hospital for nervous diseases at Mill Hill and the child guidance clinic at Oxford. By this means it was possible to maintain a reasonable standard of efficiency in training; and since the close of the period of heavy, intensive bombing, the course for psychiatric social workers has been still further stabilized. In the beginning of 1943 the London School of Eco-

nomics, which had hitherto treated the training course tolerantly as a stranger, took over financial and supervisory responsibility for the course. This step has the immediate benefit of giving the training of psychiatric social workers a university status and offers opportunities for attracting larger numbers of students of good quality. There is every prospect that in the near future the course of training will be consolidated by the provision of clinic facilities in London.

HOSPITAL SERVICES

THE INSTITUTIONAL CARE OF civilian patients suffering from mental disorder has been well maintained on the whole, in spite of acute shortage of staff and accommodation. When peace is restored many of the mental hospitals ought to benefit from the additional ward pavilions which have been set up under the emergency hospital scheme, but in the meantime overcrowding is unavoidable. The situation of patients suffering from psychoneuroses and from early mental disorder is less satisfactory. The prewar shortage of psychiatrists and psychiatric social workers and the lack of mental health clinic accommodation have been accentuated by war conditions. There is little hope of improvement at present, but existing difficulties point clearly to the need for planning a comprehensive scheme of training for psychiatrists and psychiatric social workers, and for contemplating a large extension of training facilities, as soon as the war is over. One may confidently anticipate that there will be a large number of candidates for training, but some financial assistance will be necessary to

enable many of these candidates to spend the necessary time in unsalaried work.

An interesting and hopeful development which has arisen indirectly out of the emergency hospital service is a growing emphasis on the mental health aspect of general hospital treatment. Welfare officers have been appointed in many of the emergency hospitals, especially in the country units that care for long-term cases. Occupational therapy is already well established in the larger hospitals, and constant efforts are being made to provide active interests for patients to supplement the more passive recreation and entertainment. The provision for children, except in a few long-established orthopedic hospitals, has been less effective; the daily education around which treatment should be built has seldom reached a proper standard. This is partly due to lack of teachers, but even more to lack of understanding on the part of hospital staffs. Hospitals dealing with long-stay cases of any kind—medical or surgical—should devote earnest attention to occupations and interests for adults, and to a consistent and progressive educational program for children. The psychiatrist and the mental health social worker should be in the background, ready to advise on cases of special difficulty and to consult with the less highly trained welfare officers attached to these hospitals. If a system of this kind were universal, there would be fewer neuroses among adult patients, and fewer behavior problems in children. With the wartime development of country hospitals dealing with a large variety of general and special cases, there is ample scope for the services of psychiatric social workers as well as hospital almoners and welfare officers. In hospital communities of this kind many problems of psychological adjustment arise and, in addition, the mental health aspect of rehabilitation is coming steadily into the foreground.

The restoration to full health and working capacity of a

person disabled by disease or injury is in part a function of the hospital in which he undergoes treatment. It should begin as a consciously designed process as soon as the patient is able to cooperate, and continue without interruption until he is resettled in his profession or employment. The hospital agencies providing restorative measures must be concerned with the patient as a whole—his mind as well as his body. Until comparatively recently most general hospitals limited their welfare services for long-stay patients to the provision of books for casual reading, the arrangement of recreation and mild entertainment, and possibly a little amateur occupational therapy. Children seldom received any real education. On the other hand, special hospitals (as orthopedic, tuberculosis, and mental) generally devoted a good deal of attention to giving patients enough occupation and interest to prevent boredom and mischief-mongering. The larger children's units had teaching arrangements approved by the Board of Education. Both types of hospital tried in an unofficial way to establish some kind of social service and to follow up patients discharged from the hospital. Generally speaking, however, hospitals have not been closely associated with schemes for rehabilitation, and treatment has not been directed with this end in view.

Since the beginning of the present war there has been steady although limited progress in the conception that the general hospital has a specific function in restoring the sick to health and working capacity. This involves early assessment not only of the patient's physical condition and ultimate prognosis, but also of his mental attitude, his family background, and his suitability for the work in which he was previously engaged, all psychological as well as industrial problems. A recently published report of an Inter-departmental Committee on Rehabilitation (known as the Tomlinson Report) lays considerable stress on the industrial as-

pects of restoring the disabled to health and working capacity. The general principles are set out as follows:

The successful rehabilitation of a person disabled by injury or sickness is not solely a medical problem. Rehabilitation in its strictly medical sense means the process of preventing or restoring the loss of muscle tone, restoring the full functions of the limbs, and maintaining the patient's general health and strength. (This is apart from special rehabilitation treatment required for particular diseases such as tuberculosis.) The process should begin as soon as possible after injury or operation or, in the case of acute or prolonged illness, as soon as the patient's condition permits, and it should continue not only throughout the period of hospital treatment but also during the subsequent state of convalescence whether that takes place in hospital or is provided in a separate Centre. Continuity of treatment is essential to achieve the aim of restoring the patient's mental and physical capacity at the earliest possible date and to the fullest possible extent.

When restoration in the medical sense has been achieved the services of the social and industrial expert are required: first, to determine in consultation with the medical experts whether the patient so restored can return to his previous occupation and, if not, what other type of occupation would be most suitable; and second, to ensure so far as possible that the restored capacity is used to the best advantage in the field of productive effort, whether in the previous or in some other occupation. During the process of rehabilitation in this wider sense there is a transfer of responsibility from the medical to the industrial services and the industrial service should begin to operate before the medical service ends. This means that there should be the fullest cooperation between the two services throughout the rehabilitation process.

It will be seen that this suggestion contemplates a period of medical reconditioning while the patient is in the hospital and, overlapping this to some extent, a study of the patient's prospects from the industrial point of view. The emphasis

laid on the psychiatric aspect is hardly sufficient; it should be made clear that the restoration of a disabled worker to full employment in industry should require the presence, as a member of the team, of some person with experience in psychiatric social work. The process is not a simple transfer from the medical service to the industrial; between the two lies a whole range of problems that are essentially psychological. The mental outlook of the patient and his attitude towards work, his family background, possible psychological difficulties in his employment and their relation to his breakdown—these and many other questions of the kind are vitally concerned with the disabled person's restoration to fitness.

The Tomlinson Report refers specifically to the rehabilitation of persons suffering from neurosis and points out that facilities are available only for in-patients who come under the emergency hospital scheme. Opportunities for after-care and follow-up of such cases are lacking. The Committee refers to the increasing recognition of neurosis as a cause of wastage and absenteeism in industry and recommends further development of the psychiatric service:

> Out-patient departments and clinics with facilities for psychotherapy are now available for the general population in some areas but their number is limited and the need for further provision should be recognized under the postwar hospital plan. The number of neurosis cases that will need special rehabilitation facilities will be small in comparison with the number of patients requiring treatment, as a person suffering from neurosis is not necessarily handicapped in obtaining employment. The problem is to determine the degree of handicap and the most suitable kind of employment and this involves expert advice. It appears to the Committee that the need can only be met through the establishment of a neuro-psychiatric service on a regional basis to which difficult cases could be referred, and which would give facilities for the follow-up of the problem cases.

In dealing with the psychoses the Committee refers to the difficulty of resettling a patient discharged from a mental hospital, partly because of a prejudice against accepting "mental" cases for employment and partly by reason of the patient's own diffidence or a disinclination to remain steadily at any one occupation. The experience of the Mental After-Care Association in this field shows that many patients discharged from mental hospitals are employable provided they receive supervision and encouragement by psychiatric social workers.

Unfortunately the rehabilitation of patients labeled with a diagnosis of neurosis or psychosis does not cover the larger mental health problem of patients whose recorded disability is physical.

VOLUNTARY ORGANIZATIONS FOR MENTAL HEALTH

THE FIELD OF MENTAL HEALTH in England has been covered to a considerable extent by four voluntary organizations. The oldest of these—the Mental After-Care Association—has a limited area and is chiefly concerned with the care of patients discharged from mental hospitals. Next in time came the Central Association for Mental Welfare, the principal function of which was to deal with defectives and especially to promote community care for those who for one reason or another were not "subject to be dealt with" by the statutory authorities. The scope of the work in this body has extended considerably since its foundation in 1913, but its main concern is still with the defective; its method of working is by supplementing the official functions of local authorities and a great part of its funds are drawn for services actually rendered to these bodies. The voluntary aspect of the work consists chiefly in demonstrating to authorities the need for mental health workers in or-

der that the statutory duties may become fully effective. Trained workers are often loaned to authorities for a time and, when the value of the service has been demonstrated, the authority itself makes a permanent appointment. This represents a proper function of voluntary bodies in general —to show the need for a community service, to demonstrate how that service can be carried out by the appointment of a trained worker, and finally, to give place to the authority when the permanent service has been accepted.

The next body to develop was the National Council for Mental Hygiene, formed in 1920. The founders of this Council, appreciating that the only mental health associations then existing were concerned narrowly with defectives or with the after-care of patients suffering from certifiable mental disorder, set out to educate the public in the more positive aspects of mental health. Their principal object was to make a critical study of the social habits, industrial life, and environmental condition of the people with a view to improving the mental health of the community. Among their other aims was the study of the causes underlying mental defect and disorder with the view to their prevention. The Council endeavored to secure also a more important position for psychiatry as a subject of study in the medical curriculum, and a closer association of psychiatry with general medicine. In actual fact the time was very favorable for the creation of a voluntary body concerned with the promotion of mental health on a broad basis, because the European war of 1914–1918 had thrown up many difficult problems, especially psychoneuroses, and when the war came to an end there was in existence no organization, either official or voluntary, to set itself to the study of mental conditions which lay outside the borders of certifiable disease.

This was roughly the position. The central statutory authority concerned with mental health—the Board of Control

—was at that time fully occupied with urgent problems relating to certifiable mental disorder and mental deficiency. As a result of inevitable dislocation caused by the war of 1914–1918, hospital accommodation for defectives and for persons of unsound mind had to be reorganized and extended. The statute under which the Board operated, the Lunacy Act of 1890, was in many respects out of date, and even the Mental Deficiency Act of 1913 required amendment. Under these acts the chief functions of the Board were concerned with the liberty of the subject, the protection of certified patients against imaginary abuses, and the complicated provisions for certification, supervision, and detention in institutions. The positive aspect of mental health lay among the shadows of the background until voluntary effort brought it into the light. Important statutory developments, however, took place during the next decade, following upon the recommendations of the Royal Commission of 1926, but for the moment we are concerned only to show that the end of the first world war was an unusually favorable time for the establishment of voluntary associations to promote mental health and to urge the need for more enlightened statutory provisions with this object in view.

The field was practically unexplored, but psychiatrists who had been working on war problems were well aware that a very large number of "mental" casualties had arisen, both in the forces and in civil life. These patients were in urgent need of help and guidance and their problems lay outside the range of the statutory services. At that time there was no provision for voluntary and temporary patients in mental hospitals, and few were fitted to deal with early cases of functional mental disorder. Out-patient facilities at general hospitals for patients suffering from anxiety neuroses and other states of this kind were few and far between and there was no organized system of clinics for either adults or

children where early treatment could be given. No provision was made for psychiatric social work, and even the follow-up of patients discharged from mental hospitals was limited to a few progressive hospitals and the somewhat narrow sphere of influence of one voluntary association.

In these circumstances the creation of the National Council for Mental Hygiene was opportune because the need was great and the field of study almost unlimited. The objectives of the National Council were ambitious: education and propaganda in mental health, the promotion of research and the collection of information for further study, and the development of an international organization. Lectures were delivered by experts on mental health and an educational magazine was produced. A group of voluntary workers, both expert and lay, toiled very hard to promote the work of the Council and to extend its influence. This great voluntary effort did not meet with the success that it deserved. No doubt it exercised a good deal of indirect influence on slow-moving Government departments, and in some areas its work achieved solid results through the establishment of local councils. Its teachers set people thinking about mental health in a new way, and one should not underestimate the harvest reaped in one way or another from the seeds so widely scattered. Nevertheless the National Council as such maintained only a precarious existence, and its story has much to teach us about the organization of voluntary associations in general. We should be able to profit by these lessons in the period of reconstruction that must follow the present war.

Some voluntary bodies fail to develop because they are out of tune with public thought and feeling; they may be before their time or their appeal may be limited to a narrow section of opinion. This limitation does not apply to mental health, in which the need is deep and urgent.

Other voluntary bodies have failed on account of personnel difficulties. Their founders are more skilled in preaching the word than in practical organization, and their scheme drifts because it is not anchored to reality. In the field of mental health a situation of this kind may arise all too easily. The delicate issues of psychiatric theory and the conflicting claims of various schools of thought may be allowed to overlay and obscure the simple message of truth which an undiscerning public can understand. Such has been the bane of religious controversy since the beginning of the Christian era. Psychiatry in the present stage of its evolution contains some of the elements of religious intolerance: each school of thought believes that it alone holds the true gospel and that its opponents are not merely in error but in mortal sin. Where there are warring sects it is impossible to create a united front unless the differences can be resolved by compromise in the interests of the general public. The prospects of success are small if the voluntary effort resembles a football match, in which the players individually are highly skilled but have no idea of teamwork for the good of the side as a whole. Neither football games nor campaigns are won in this way.

The third difficulty of voluntary associations is finance. It is a commonplace in the business world that many a good project comes to nothing for want of sufficient initial capital. It is no easier to "sell" a philanthropic program without sufficient financial backing than to float a commercial company. The initial work is constantly crippled by lack of resources. It is of course true that voluntary projects have succeeded and won immortal fame in spite of money difficulties; the great majority of them would have come to harvest more quickly if they had been given a flying start by strong financial support.

Too much stress may be laid on the money aspect, and an

immediate qualification is necessary. A voluntary body usually benefits greatly by sound financial backing at the start, but it ought to be able to maintain itself as a working organization by the strength of its appeal and the justice of its cause. Continuing reliance on "outside support" (as from some fund or endowment) tends in the long run to weaken voluntary effort. Many first-class schemes cannot start without assistance from external philanthropic sources; they usually need support on a diminishing scale during the early years of their struggle to gain public recognition; but unless they contain enough vitality to maintain themselves and achieve independent recognition, then they are likely to suffer from all the frailties and disabilities of the parasite.

Another obstruction to progress, so common in the constitution of voluntary organizations, is the attempt to work without trained and salaried professional assistance. The failure to make use of business ability and experience on the management side may be due to a laudable desire to save money, but the economy is usually disastrous. Many voluntary bodies persist in thinking that, if a scheme is good, it is bound to be successful in spite of amateur methods of organization. It is of the utmost importance that a voluntary body should have from the start the services of a trained, full-time secretary or manager. This arrangement has the double advantage of securing skilled assistance in the building-up process and of having in the service a chief executive officer who has a defined contractual relationship to the society. Moreover, when a voluntary association undertakes professional work of any kind, it should be represented in that respect by an officer with appropriate professional qualifications; this officer should be engaged at a salary, whether his contract is whole time or part time. It is undesirable to have honorary officers in the capacity of secretary or director, irrespective of any professional qualifications they may pos-

sess. Persons appointed in such capacities should be the servants of the voluntary association and hold office at their pleasure. Free from the usual restrictions necessarily imposed upon paid secretaries, honorary officers are able to build up a legend of infallibility and so tend to become autocratic.

A final difficulty which many voluntary organizations have to face is, paradoxically enough, the achievement of the objects for which they were formed. They have joined forces, let us say, to secure the passage of an Act of Parliament for some social purpose. For many years they have fought manfully against official hostility and public indifference. At last the former has been overcome and the latter quickened into enthusiasm. The passage of a bill through both Houses has at length been achieved after exasperating delays, and now *le Roy le veult*. The end has been attained.

It is hard for a voluntary association, or indeed for any other group of persons who have been working together over a considerable period, to make an end and dissolve. Committees have been formed and officers appointed, and it is natural enough for them to wish to perpetuate their interests. The means tend to become ends in themselves.

On the other hand, there are instances in which it is desirable for a voluntary association to continue its activities after its main object has been achieved. It may be that the statute is too narrow and ought to be supplemented by voluntary effort. A good case in point is the body now known as the Central Association for Mental Welfare, which provides supervision and community care for large numbers of defectives and borderline cases not "subject to be dealt with" under the Mental Deficiency Act. This is a proper function for a voluntary association, provided that its work is supplementary to, and not in conflict with, that of the statutory authorities. In general, however, voluntary associa-

tions formed for a specific purpose would do well to remember the words of Octavia Hill:

> When I am gone, I hope my friends will not try to carry out any special system or to follow blindly the track which I have trodden. New circumstances require various efforts, and it is the spirit, not the dead form, that should be perpetuated.

The last of the four voluntary mental health associations to be formed was the Child Guidance Council. This body had the initial advantage of sound financial support from the Commonwealth Fund, and up to a point its work has been conspicuously successful. Negotiations for the establishment of the Council were begun in 1926 by a group of interested workers in England called together by Mrs. St. Loe Strachey. The Council was formed in 1927, and during its first two years of existence focused its attention on educational work with a view to the establishment of a working clinic in London. The London Child Guidance Clinic was set up by the Council in 1929 under its own administration, but in the following year became a separate organization supported by the Commonwealth Fund. From this time onwards the Child Guidance Council devoted its attention to a wider range of educational work.

The Child Guidance Council rendered valuable service to the cause of mental health by introducing psychiatric social work into England. This was first accomplished through indirect training—by sending social workers to the United States for special instruction and practical experience in psychiatric social work. Following upon this, a training program was established in England, using as teachers those who had received the benefit of experience in America. Finally, when a pure culture of trained workers had been secured, colonies were spread widely over England by the loan of workers to mental health agencies for demonstration pur-

poses. Many of these daughter-colonies have since grown and prospered. Today child guidance clinics exist in various parts of England and the methods of demonstration have gradually attracted support from local authorities. Fellowships and opportunities for study and the loan service of psychiatric social workers have given a new impetus to the mental health movement, and, in general, assistance to workers in the field has been the best part of the Council's program.

The Council's educational scheme was at first administered jointly by the Council and by the London School of Economics where training was established in 1929, but in 1931 the mental health course was transferred entirely to the latter. The London School has now (1943) accepted financial responsibility for the course and there are good prospects of its continued success. In this way many of the foster children of the Child Guidance Council have been launched on useful careers, but the parent has suffered some of the disabilities of voluntary associations in general: it has not succeeded in acquiring a financially independent status. Its roots have not penetrated deeply enough into English soil to draw their nourishment from that source alone.

The amalgamation of the four voluntary mental health associations of England and Wales—the Mental After-Care Association, the Central Association for Mental Welfare, the National Council for Mental Hygiene, and the Child Guidance Council—is a logical outcome of the general trend of opinion at the present time; it is part of a wider movement in industry and elsewhere towards consolidation and pooling of resources. Had it been possible to complete the amalgamation of these four associations, as recommended in the Report of the Feversham Committee,* there is little doubt that economies secured in other directions would

* *Report of the Feversham Committee on the Voluntary Mental Health Services*, London, 1939.

have enabled the joint Council to appoint full-time salaried officers to their staff. In addition it may be suggested with confidence that a joint body would have been in a position to make a more effective appeal to the public for financial support than any of the individual associations. Unfortunately the outbreak of war in 1939 prevented full consideration of the Feversham Report and the movement towards amalgamation was delayed. On the other hand, it is probable that the war had the effect of promoting cooperation in a way that would have been difficult under peacetime conditions.

The Mental Health Emergency Committee, consisting of representatives from the Central Association for Mental Welfare, the National Council for Mental Hygiene, and the Child Guidance Council, was formed soon after the outbreak of the war under the chairmanship of Mrs. Montagu Norman. The Committee carried out organizing work of great value to the country, especially in developing regional services on behalf of evacuated children. The regional schemes were in close alignment with the other regional services set up by the Ministry of Health, who showed their appreciation of this voluntary effort by making a substantial annual grant towards their extension. The view taken by the Ministry is that the voluntary regional services for mental health should be able to win the support of local authorities, and the central grant is likely to be reduced from year to year. It remains to be seen how far local authorities will shoulder the burden, or to what extent mental health services will be supported locally, when the war is over. It is probable that the return of evacuated children will cause the withdrawal of some financial support, unless child guidance services become so firmly established in the meanwhile that their peacetime value is widely appreciated.

One of the functions of the present regional services

should be to establish a mental health program on such a sound basis that its importance as a permanent institution will be beyond question. The mental health movement must be able to show that it is not merely a wartime attachment to the evacuation scheme, but an indispensable part of the health services in the various areas. This cannot succeed unless there is a strong central body to coordinate the work at the local level, and to secure and maintain high standards of training for professional personnel. These considerations led the representatives of the three associations referred to above to seek a closer union, even under the difficult conditions of war. An "amalgamating committee" was formed in 1942 to discuss the question and as a result of its recommendations the Provisional National Council for Mental Health was formed in November of that year. Owing to legal difficulties it is unfortunately not possible to secure complete fusion until the end of the war, but the new Provisional Council, under the chairmanship of Sir Otto Niemeyer, has superseded the Emergency Committee and is undertaking all the main functions of the component associations, subject to certain financial restrictions which can be lifted only when full amalgamation has been achieved.

In addition to its normal functions the Provisional Council has one heavy responsibility: it must make the mental health movement in England learn to stand on its own feet, and must establish itself as an organization eagerly supported by the English people. From now on the mental health movement should be a natural growth, made strong and self-sufficient by public good will and by payment for services rendered to the community. The provision of training fellowships in psychiatry for medical men and women stands on a different footing because opportunities for study abroad are of great value at any time, and will be of special significance during the immediate postwar period. The Eng-

lish postgraduate has much to learn from the methods of approach employed in medical schools and institutions in the United States and he is likely to broaden his experience and to bring a new zest to his work through contacts with his American colleagues. Continuing assistance by a foundation in the field of professional training, especially through the provision of fellowships for postgraduate study in the United States, would go far to meet one of the most urgent needs of British psychiatry in the early days of the peace. Immediately after the war there is likely to be a great demand in England for trained psychiatric social workers and a considerable expansion of training facilities will be necessary. The provision of financial assistance to candidates for training will be a valuable contribution to this service.

PROFESSIONAL EDUCATION IN MENTAL HEALTH

THE TEACHING OF PSYCHIATRY to undergraduates is not at present given its proper place in the medical curriculum. The subject is not presented to the student in its true perspective in relation to clinical medicine and is apt to be dismissed as a short extramural incidental course consisting of a few lectures with the minimum of practical clinical study. This conception of psychiatry belongs to an older period when mental hospitals were regarded primarily as institutions for the segregation and detention of chronic and incurable patients. In both mental and general hospitals this idea has changed to a very large extent in recent years, and psychiatry is now understood to be "that branch of medicine dealing with individuals who, because of certain maladjustments, are unable to adapt themselves satisfactorily to their social and industrial background."* Such people may require treatment in varying degrees, and their mental or nervous illness may be allevi-

* Professor D. K. Henderson, Edinburgh.

ated in the home, the school, the factory, the clinic, or the mental hospital. This broader aspect of mental illness and of the function of mental hospitals had led to a greater emphasis on the preventive and curative aspects, and less stress on mere detention. The preservation of mental health is now rightly regarded as fundamental to healthy living. In consequence, the general practitioner and the specialist must be aware of the implications of mental and nervous illness as well as of the importance of the psychological factor in many forms of physical illness. There must be a much closer association between the mental hospital and the general hospital if we are to make progress in prevention and early treatment. The teaching of the undergraduate has not kept pace with this advance in thought, except in a few medical schools. And even where the course in mental disorder has broadened to include the social and preventive aspects, the short period which is still allotted to teaching this subject has not encouraged full development.

The aim of the medical course is to make competent general practitioners, not specialists; and accordingly the teaching of psychiatry should not be devoted to cramming highly technical knowledge into the student. The effect of a single, short course in the subject is to emphasize its separation from clinical medicine, when the whole aim should be to lay stress on the essential unity of medicine and the impossibility of making an artificial division between mind and body. The course in psychiatry should not therefore be a concentrated "class lesson," but a continuing and growing curriculum extended throughout the student's career. This does not imply that the time devoted to the subject must necessarily be a great deal longer than at present, although there must be some increase; it does mean that the mental aspect of disease should be studied concurrently with the physical.

One may contemplate that in the medical curriculum of the future there will be five basic subjects: surgery, medicine, obstetrics, psychiatry, and preventive medicine—all except obstetrics spread throughout the three clinical years of the undergraduate course. The real difficulty will be not so much the organization of the course as its coordination to secure adequate attention for the preventive and the mental health aspects of medicine and, in the early days at least, the selection of teachers sufficiently trained in these subjects. In Britain at present a good deal of thought is being given to the teaching of preventive and social medicine, and several university chairs are in the course of foundation with financial assistance from the Nuffield Trust. No corresponding development has as yet taken place in the field of mental health, but there are at least the first blushing signs of a new outlook. At the present moment surveys are being made in both Scotland and England of the existing psychiatric services, under the aegis of the central government departments. In addition two large committees are considering the whole question of teaching: the one set up by the Royal College of Physicians and the other by the British Medical Association. Both committees have had some difficulty in adjusting the conflicting claims of the neurologist and the psychiatrist, but there is a good deal of common ground in the essential features of a teaching course.

The only existing postgraduate qualification in Britain is the diploma in psychological medicine. This diploma was instituted when the field of mental health was more or less confined to residential appointments in mental hospitals and a small amount of senior consulting practice in relation to the grosser forms of mental disorder and defect. The examination for the diploma and the course of study in preparation for it reflect faithfully this narrow outlook. There is

general agreement that postgraduate study and qualification need to be modified, but various schools of thought hold different views about the nature and extent of the necessary reform. Broadly speaking there are two main issues. The first is whether there should be two grades of training and qualification, one for those who intend to practice in mental hospitals and the other—a higher qualification—for those who wish to enter the ranks of "outside" consultants. The second issue may be summed up in this way: should there be a single diploma in psychiatry or diplomas in several "sub-specialties" each offering an independent qualification?

The right answer to the first controversial issue is surely that there should be only one grade of training in mental health. Our aim should be to raise existing standards, and the effect of a second grade would be to provide an easy route for the second-rate. The other point raises a certain amount of difficulty, but the solution of the problem would seem to lie in creating a single first-class diploma while allowing for some specialization within its boundaries. A system of this kind has been in operation for some time in the postgraduate course in preventive medicine at the Johns Hopkins School and has proved its worth. The principle is to provide a basic course which all candidates must take, and to permit a wide variety of elective subjects to meet the needs of those who are interested in a particular specialty. One person, for example, is intimately concerned with tropical diseases, another with biostatistics, and a third wishes to devote his talents to administration; *all* must take the basic course for the diploma and all must take in addition some special subject (or subjects). The basic course and the special subjects run more or less concurrently, but in a number of cases the latter constitute in fact a higher course in one of the basic subjects. Opportunities are also provided for a candidate to under-

take research in his chosen field and to present a thesis for the doctorate qualification.

This system is eminently applicable to psychiatry, in which there is a fundamental training and at the same time a wide variety of special interests which in no way conflict with the essential knowledge and experience. One candidate, for example, may wish to devote his attention to neurology, another to child guidance, and a third to psychoanalysis; but *all* must first be trained in psychiatry. The neurologist should be a competent psychiatrist and vice versa, so far as initial training is concerned. After that he is free to follow the one or the other to the top of his bent. It need hardly be added that, in the choice of elective subjects, the candidate will require the approval of the professor of psychiatry or the dean of the school. Postgraduate students need guidance in their careers.

Psychiatric Social Work

On the whole, the training of psychiatric social workers has been an outstanding success. A good type of candidate has been selected and the course has been carried out with great thoroughness in both the theoretical lectures and the practical application. If there is to be a considerable extension of the appointments available for these workers through an increasing demand by local authorities and others for their services, it is clear that the London School of Economics cannot remain the only school of training. Its opportunities for indefinite expansion are limited by the optimum size of the classes and the somewhat restricted scope of field work in any one area. Ideally there should be not less than three schools of training, each serving a definite area: probably the best grouping on an areal basis would be London, Manchester,

and Edinburgh, although in default of the last two Birmingham and Glasgow would serve quite well. In the immediate postwar arrangements, however, it would probably be wise to concentrate attention on the full development of the London School and establish there a standard course which secondary centers could use as a model.

Paradoxically enough, criticism regarding the course of training for psychiatric social work is that it tends to be too intensive and that there has perhaps been too much insistence on turning out not only trained but experienced workers. It is to be remembered that the psychiatric social worker in training requires considerable individual tuition and supervised clinical experience in her field work so that, when the course has been completed, she will be of value to the clinic or authority employing her. However, in all professions, the student has to gain most of his real experience after graduation and it is reasonable to suppose that a psychiatric social worker could be attached, after receiving her qualification, to a clinic where she could receive further tuition while at the same time receiving a small salary. The position of the newly graduated "resident medical officer" in a hospital is analogous. One does not expect him to be able to practice unaided as soon as he has received a registerable qualification, and it is likely that the postwar arrangements for training medical students will insist upon a probationary period in hospital before the young graduate is let loose on the public as a medical practitioner. In the same way, the psychiatric social worker might be compulsorily attached to a clinic for her final "rubbing up" before she is entitled to seek an appointment at full salary in the open market. In some such way it should be possible to secure trained supervision without great expense and without lowering standards.

It is true that it would be difficult to increase materially

the number of pupils and maintain the present plan and standard of individual teaching without a relatively great increase in staff which would result in an uneconomical department or, alternatively, would necessitate fees too high for the average candidate. It seems hardly possible that a course of this kind could become self-supporting—and it is not to be expected that university courses should run on a strictly economic basis. If the course is to be recognized as a community service, it might be possible to have it approved by the Ministry of Health through an educational grant. The Ministry of Health already pays substantial grants for the training of health visitors, and there seems no valid reason why it should not undertake some responsibility for the training of psychiatric social workers. It is not possible, however, at this juncture to arrive at any stable conclusion about either the cost or the content of the course. Much of what has been said is speculative and must wait for fuller consideration until the end of the war. Only then will it be possible to judge the true relation between supply and demand and the prospects of developing training facilities.

One further question remains for consideration: the relationship of psychiatric social work to other areas.

Within her own sphere the psychiatric social worker is a specialist; her training is essentially "postgraduate" in type, and her best service is rendered when she is a member of an expert team to which difficult problems are referred, as in a child guidance clinic. However, she is equipped to give additional service as consultant in the broad fields of public health and social case work. This means a relationship with the "general practitioners" in those areas. Who is the "general practitioner" in the public health field? The proper answer should be the public health nurse, but to be a "general practitioner" the public health nurse must have the basic training which gives her an understanding of the psychologi-

cal implications of her task. At present only a few authorities make adequate provision, in the special course of training for public health nursing, for broad instruction in elementary psychology or for experience in everyday problems in that field. The public health nurse is not expected to be a psychologist or a psychiatrist, but she ought to have enough general training to know when she is face to face with a situation which demands the advice of persons with such specialized experience. She must be taught to become aware of these problems as they arise in her work, whether in schools or in child welfare activities.

The psychiatric social worker cooperates not only with the public health nurse but with the social case worker, and in this field also the basic problem is one of training, for with the development of an immense social security program in Great Britain, the existing facilities for training will have to be reviewed. The immediate problem will be to provide efficient short courses of training for a multitude of men and women who have hitherto been employed in various branches of welfare work, such as public assistance and insurance. Under a comprehensive scheme of social insurance, the scope of case work will be greatly enlarged, and many of those who may be expected to find jobs in the new organization will have had relatively little experience in field work and no training in social science. Side by side with a temporary scheme, it will be necessary to set up standards of training and practical experience for new entrants to the social security organization. The full-time course of training for the social science certificate—for example, the two-session course offered by the London School of Economics—should be regarded as the basis for senior social workers who aspire to occupy posts of administrative responsibility, and the designation "social worker" should be reserved for those who have taken this course or its equivalent. Beyond this

basic course there should be opportunities on an even larger scale than today for specialization through a further course of training. The hospital almoner, the psychiatric social worker, the industrial welfare worker, and the institutional administrator, all require to build upon the basic course their own special study, and further courses of one or more university sessions are required. Some of these specialized forms of training are already well developed in England (for example, courses for almoners, women housing managers, psychiatric social workers), but training for institutional administration and other branches of administrative work has not yet been provided.

It may be possible to avoid excessive splitting-up of specialized training and the consequent uneconomical use of teaching staff by introducing the principle of "basic and elective subjects" for students who wish to specialize after completing their two-year course in social science. A student who intended, for example, to specialize in medical social work would be required to take the basic course in social science, but would be entitled at the same time to select, with the approval of the head of the department, certain subjects germane to her special interest. The organization of entirely separate courses of training for such cognate subjects as medical social work, psychiatric social work, industrial welfare, and institutional administration is likely to create a serious dispersal of effort among a highly qualified teaching staff. If a coordinated program such as we have suggested were adopted, the training course in social science would occupy three years, but those who did not wish to specialize could obtain a general certificate at the end of two years. Those who wished to qualify in a special subject would be permitted to take appropriate elective subjects during their first two years and devote the third year to practical work in the field and to study on the "apprenticeship" system.

SOME PROBLEMS OF THE FUTURE

MENTAL HEALTH HAS NOT yet reached full stature in Great Britain, although professional bodies and voluntary associations are united in emphasizing the need for a more positive approach in both teaching and practice. On the statutory side the Mental Treatment Act of 1930 rendered useful service by introducing provisions for voluntary and temporary treatment in institutions, but the methods devised for these purposes are still cumbersome and hedged about with unnecessary restrictions. The Act does not adequately fulfill the simple recommendations of the Royal Commission of 1926:

> That the treatment of mental disorder should approximate as nearly to the treatment of physical ailments as is consistent with the special safeguards which are indispensable when the liberty of the subject is infringed; that certification should be the last resort and not a necessary preliminary to the treatment.

The Act of 1930 also gives power to local authorities—although it does not impose a duty upon them—to make pro-

vision for the after-care of persons who have undergone treatment for mental illness, and to contribute to the funds of voluntary associations formed for the purpose of the prevention and treatment of mental illness. Local authorities are also encouraged to undertake "research in relation to mental illness and the treatment thereof, and to make contributions towards the expenses of any body of persons engaged in such research."

These optional provisions represent at least a faltering step towards the promotion of mental health, but they do not go nearly far enough. The use of the expression "after-care of persons who have undergone treatment" is much too limited for our present and future needs. The official attitude towards mental health is still overanxious about care and control of persons of unsound mind—the suggestion that lies in the name of the central authority, "The Board of Control."

It would be unwise to assume that, because many cases of functional mental disorder occurred at the end of the last war, such a situation must inevitably recur when this long struggle comes to an end. Much depends upon how skilfully we handle the period of transition from war to peace. "Let us get away from the war" was the popular cry in 1920 and the succeeding years of disillusionment. This is the kind of mental attitude that leads to the great refusal, to repression and frustration. At the end of the last war the vital psychological stimulus of "national service" suddenly disappeared and nothing was offered in its place. The catch phrase about a land fit for heroes to live in suggested rest and reward rather than new opportunities for effort. At the end of the last war many towns and villages spent their little savings in erecting monuments to the dead. This was a gracious gesture but it implied the end of things and not the beginning. I always admired the spirit of the little Dorset village whose citi-

zens remembered their dead by erecting a street lamp to give light to the living. Memorials, like the men and women they commemorate, should serve the community.

We must at all costs avoid a sharp break between war and peace by a swift use of the transitional period to build up and strengthen the national service. So long as men and women are busy in peacetime and feel that they are working for some national plan, it is unlikely that we shall be flooded by problems of neurosis and instability. On the other hand, if we try to muddle through without a worthy national plan or ideal, the tidal wave of victory will be followed by a depression as deep as death.

Education must be the central feature of a postwar program for mental health. It is only through systematic health education, beginning with the expectant mother and carried on with unfailing continuity from infancy to adolescence in the child that one can hope to create a generation of healthy people. Children will become healthy in mind and body when training for health is woven into the pattern of education and made part of their daily life. Men and women can be healthy if they have been educated to want health passionately enough. Unfortunately education authorities have for the most part been content to offer health education in a desultory way, without giving it any emotional significance to the child. A system of this kind is bound to fail. It is a waste of public money because it pretends to do something which cannot be accomplished by that means. The consequence is that even preventive medicine spends its effort upon the intermediate stages of disease. Child guidance, for example, is frequently concerned with behavior problems of children which could have been prevented by education; and the school medical and dental services spend far too much of their time in repairing faults that should not have occurred.

The mental health movement will make little progress until the underlying problems of education are taken seriously by the authorities. The citizen must be made to realize his personal responsibility for healthy living; and responsibilities of this kind will not be accepted until they become absorbed into daily life from infancy onwards as naturally and imperceptibly as the functions of speech and walking and the habits of cleanliness.

In the narrower field of prevention the greatest force is an active and happy life. The miseries that disfigure the lives of great societies are associated with enforced idleness, with drudgery, and with the fear that comes from insecurity. But regular employment and social security cannot by themselves prevent mental sickness although they may lighten its burdens. The capacity for enjoying work and making good use of leisure—the capacity for living the good life—can come only from within, and the only true begetter is education.